Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities

☐ Interim  ☒ Final

Date of Report  September 27, 2019

Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon R. Shaver</td>
<td><a href="mailto:sharonrshaver@gmail.com">sharonrshaver@gmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SRS Professional Service, LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1183</td>
<td>Mableton, GA 30126</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Date of Facility Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>478-454-7433</td>
<td>August 13-14, 2019</td>
</tr>
</tbody>
</table>

Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Governing Authority or Parent Agency (If Applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Solutions, Inc.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>340 West Newberry Rd, Ste. B</td>
<td>Bloomfield, CT 06002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>340 West Newberry Rd, Ste. B</td>
<td>Bloomfield, CT 06002</td>
</tr>
</tbody>
</table>

The Agency Is:
- ☐ Military
- ☐ Private for Profit
- ☒ Private not for Profit
- ☐ Municipal
- ☐ County
- ☐ State
- ☐ Federal

<table>
<thead>
<tr>
<th>Agency Website with PREA Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.csi-online.org">www.csi-online.org</a></td>
<td></td>
</tr>
</tbody>
</table>

Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fernando Muñiz</td>
<td>fmuñ<a href="mailto:iz@csimail.org">iz@csimail.org</a></td>
<td>860-683-7100</td>
</tr>
</tbody>
</table>

Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristen Cappelletti</td>
<td><a href="mailto:kcappelletti@csimail.org">kcappelletti@csimail.org</a></td>
<td>860-683-7107</td>
</tr>
</tbody>
</table>

PREA Coordinator Reports to:
- Fernando Muñiz, CEO and Sherry Albert, COO

Number of Compliance Managers who report to the PREA Coordinator:
0
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Delaware Residential Re-Entry Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>1421 Marsh Rd, Wilmington, DE 19802</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>same</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Wilmington, DE 19802</td>
</tr>
</tbody>
</table>

### The Facility Is:
- ☒ Private not for Profit
- ☐ Military
- ☐ Private for Profit
- ☐ Municipal
- ☐ County
- ☐ State
- ☐ Federal

### Facility Website with PREA Information:
- www.csi-online.org (same as agency)

### Has the facility been accredited within the past 3 years?
- ☒ No

#### If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):
- ☐ ACA
- ☐ NCCHC
- ☐ CALEA
- ☐ Other (please name or describe):

- ☐ N/A

#### If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Facility has been audited by the Federal Bureau of Prisons on February 6-7, 2018, May 2-3, 2018, and October 16-18, 2018.

## Facility Director

<table>
<thead>
<tr>
<th>Name</th>
<th>Kristina Coldiron</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:kcoldiron@csimail.org">kcoldiron@csimail.org</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>302-535-5198</td>
</tr>
</tbody>
</table>

## Facility PREA Compliance Manager

<table>
<thead>
<tr>
<th>Name</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Telephone</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

## Facility Health Service Administrator

<table>
<thead>
<tr>
<th>Name</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Telephone</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Facility Characteristics</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Designated Facility Capacity:</td>
<td>36</td>
</tr>
<tr>
<td>Current Population of Facility:</td>
<td>23</td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>32</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒  No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18+</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>120 days</td>
</tr>
<tr>
<td>Facility security levels/resident custody levels:</td>
<td>Level 1</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months:</td>
<td>94</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>94</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>89</td>
</tr>
<tr>
<td>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ Yes  ☐ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</td>
<td>☒ Federal Bureau of Prisons  ☐ U.S. Marshals Service  ☐ U.S. Immigration and Customs Enforcement  ☐ Bureau of Indian Affairs  ☐ U.S. Military branch  ☐ State or Territorial correctional agency  ☐ County correctional or detention agency  ☐ Judicial district correctional or detention facility  ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)  ☐ Private corrections or detention provider  ☐ Other - please name or describe: Click or tap here to enter text.  ☐ N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with residents:</td>
<td>17</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with residents:</td>
<td>9</td>
</tr>
<tr>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</td>
<td>0</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
<tr>
<td>Number of volunteers who have contact with residents, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
</tbody>
</table>

**Physical Plant**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of buildings:</td>
<td>1</td>
</tr>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
<td></td>
</tr>
<tr>
<td>Number of resident housing units:</td>
<td>0</td>
</tr>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a &quot;housing unit&quot; defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td></td>
</tr>
<tr>
<td>Number of single resident cells, rooms, or other enclosures:</td>
<td>1</td>
</tr>
<tr>
<td>Number of multiple occupancy cells, rooms, or other enclosures:</td>
<td>14</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
<td>0</td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>
## Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medical services provided on-site?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all that apply.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>On-site</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Local hospital/clinic (Christiana Care/Wilmington Hospital)</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Rape Crisis Center</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Other (please name or describe: [Click or tap here to enter text.])</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

## Investigations

### Criminal Investigations

| Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: | 1 |
| When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply. | ☐ Facility investigators | ☒ Agency investigators | ☒ An external investigative entity |
| Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations) | ☒ Local police department | ☐ Local sheriff's department | ☒ State police | ☐ A U.S. Department of Justice component | ☐ Other (please name or describe: [Click or tap here to enter text.]) | ☒ N/A |

### Administrative Investigations

| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? | 1 |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | ☐ Facility investigators | ☒ Agency investigators | ☒ An external investigative entity |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations) | ☐ Local police department | ☐ Local sheriff's department | ☐ State police | ☐ A U.S. Department of Justice component | ☐ Other (please name or describe: [Click or tap here to enter text.]) | ☒ N/A |
Audit Findings

Audit Narrative

PHASE ONE: PRE-ONSITE

Audit Planning and Logistics: The contract for services to conduct a PREA audit using Adult Community Confinement Standards at Delaware Residential Re-entry Center, 1421 Marsh Road, Wilmington, DE 19802 on August 13-14, 2019 was fully executed on May 19, 2019 by and between Sharon R. Shaver, certified PREA auditor, and Community Solutions, Inc.

Auditor had frequent contact by both telephone and email with PREA Coordinator between May 19, 2019 and up to the day of the onsite visit to discuss logistics, expectations of both parties, timelines, and details of the audit process. Instructions were provided by email to the agency PREA Coordinator containing a complete explanation of the audit process and to provide the necessary forms and documents that would be reviewed. The following documents were provided on May 19, 2019 to PREA Coordinator by email to assist in planning and preparation: Pre-Audit Questionnaire (PAQ), Interview Guidelines, Instructions for Facility Tour, Process Map, Checklist for Documents, and Audit Notices. It was explained to the PREA Coordinator by auditor that the PREA audit was built on the assumption that full compliance with every discrete provision would, in most cases, require corrective action. PREA Coordinator expressed auditor would have unfettered access to all areas of the facility, personnel, and residents as well as documentation and information required for the audit process. An audit schedule was developed between auditor and PREA Coordinator with input from the Program Director.

Posting Notice of the Audit: Audit Notices (in both English and Spanish) were published on 8 ½ x 11 paper and stated “The Delaware Residential Reentry Center will be audited to determine compliance with the U.S. Department of Justice’s PREA Standards. The PREA Auditor will be at the facility to conduct the audit August 13-14, 2019. Please direct all communications to Sharon R. Shaver, P.O. Box 1183, Mableton, GA 30126; All correspondence sent from an offender shall be treated as legal correspondence.” Confidentiality statement and limitations were listed as: “All communications between Facility staff and offenders with the PREA Auditor will be kept confidential, except if the Auditor is told by the staff or resident/client that he or she is planning to harm self or others, or if court ordered to disclose the communication.” Audit Notices were posted June 19, 2019 on all bulletin boards, at front entry/reception area, in kitchen and dining room, and in recreation/common rooms. PREA Coordinator provided evidence with photograph of posting by email. Auditor’s interviews with residents and staff indicated they were aware of the PREA audit and had observed the notices posted. No correspondence was received by the auditor related to Delaware Residential Re-entry Center.

Reviewing Facility Policies, Procedures, and Supporting Documentation: A web search for information on the agency and facility was conducted resulting in very little information outside the agency website information and general community involvement events. The prior PREA audit was located on the website and downloaded by auditor for review. The initial and last audit conducted was on June 9, 2016, with a final report issued on July 11, 2016. General information was obtained from the agency website to assist auditor in better understanding the program operations and agency structure.

The Pre-Audit Questionnaire (PAQ) was received by auditor through on July 1, 2019 by FedEx delivery. A secure thumb drive contained supporting documents and the PAQ. A combined list of documents reviewed can be found in the Post Onsite section of the report.

Conducting Outreach to Advocacy Organizations: Auditor contacted the following organizations requesting any relative information for Delaware Residential Re-entry Center: Christiana Care, Wilmington Hospital and Contact Lifeline, local rape crises center. Neither organization had information to report for Delaware Residential Re-entry Center.
**PHASE TWO: ONSITE AUDIT**

**Site Review:** The onsite portion of the audit at Delaware Residential Re-entry Center began officially at 7:30 a.m. on Tuesday, August 13, 2019. Upon arrival auditor was greeted by Program Director Kristina Coldiron. Shortly after arrival we were joined by Kristen Cappelletti, PREA Coordinator and after an informal in-briefing, the facility tour began. The tour was led by Counselor Supervisor Olive and we were accompanied by the Program Director and PREA Coordinator. A walk of the whole facility was completed beginning on floor 3 which included a visit to the attic and concluded on the first floor back at the reception desk. The exterior of the property was also toured. Each door was opened, to include offices and mechanical rooms, and all resident rooms were entered. Auditor observed the tour leader knocking and announcing visitors on the living unit floors. The complete tour concluded in approximately 45 minutes. A full facility description will be presented in the next section titled Facility Characteristics.

Auditor observed the audit notices and PREA informational posters posted conspicuously on each bulletin board on each floor. The bulletin boards are located in the main corridor of 2nd and 3rd floors, across from the case manager offices, and in the main corridor on 1st floor across from the reception where all residents and staff sign in and out of the center. There is also a bulletin board posted in the multi-purpose/recreation room. Auditor observed zero-tolerance posters, Sexual Assault Hotline posters, and the PREA brochure posted throughout the facility.

Auditor observed all 10 cameras during the tour (6 interior/4 exterior). Cameras were strategically placed to observe movement in hall corridors of the living areas, dining room/multi-purpose room, entry to the center, and external points of entry. The camera monitor has split monitor to observe multiple cameras and is located at the reception area. Additionally, designated staff can access the cameras from their desk computers. No cameras were placed in areas where residents change clothes, use restroom, or shower.

There is no official intake area and no new intakes were scheduled for the onsite audit dates. One resident had arrived within the past week and auditor interviewed this resident to get an overview of the intake process. This process described by resident was consistent with the staff explanation of procedures. There is no designated intake employee, any Human Service Worker may conduct intake. The intake process is well established and meets policy expectations of the agency and PREA requirements.

Residents were observed interacting with each other and with staff throughout the site visit and all interactions appeared to be mutually respectful and meaningful. Residents had freedom of movement throughout the facility. Delaware Residential Reentry Center is not a locked facility for purposes of resident movement however, exterior doors are secured to restrict and monitor movement. Residents sign in and out for work, programming, appointments, and for other external purposes. Auditor was allowed the use of a case manager’s office on the second floor to conduct private interviews.

Interviews were conducted with the Program Director and PREA Coordinator just before the tour. After the tour resident and staff interviews began and continued until departure. Auditor departed the facility around 4:00 p.m. on day one and then returned around 10:00 p.m. to interview residents and staff who were not present earlier in the day and to observe evening operations. Auditor found operations to be no different during the evening as during daytime hours. Auditor returned to the facility on day two and continued within interviews and collecting needed documentation. A debriefing was conducted with the Program Director and PREA Coordinator and auditor departed facility around 1:45 p.m.

**Conducting Interviews:** Auditor was provided an office on the 2nd floor across from the elevator to conduct interviews. The area was quiet and comfortable, with ample lighting. Auditor experienced no interruptions during the interview process. The current resident roster provided to auditor on day one of onsite identified 26 residents assigned with 17 onsite. The other nine (9) residents were on pass and not present during the onsite visit. For purposes of interview requirements, population is 17 on day one of onsite audit. Employee roster provided to auditor on day one identified 13 full time employees and five (5) relief staff. Relief staff are part-time and used as needed. These relief staff are required to attend the same PREA training as full time employees. Auditor interviewed 100% of the residents (17) and 100% of the staff on site the day of the audit.
Residents were interviewed individually, one-on-one by the auditor. Auditor explained the purpose of the visit and interviews and explained the confidentiality and limitations. Every resident interviewed participated willingly and was comfortable and forthcoming with responses to the auditor’s questions. Of the residents interviewed, 100% of them were aware of his/her right to not be sexually abused or sexually harassed, were able to explain the reporting procedures, how to access advocacy services, his/her right to not be punished for reporting, and recalled receiving this education upon arrival to the facility. Each resident recalled being asked the risk screening questions and had an understanding of why these questions were asked. Each resident conveyed that staff are very respectful and helpful and that they always knock and announce their presence when entering the resident rooms or bathroom areas. Residents seem very content at the facility and spoke highly of staff responsivity, the cleanliness, orderliness of the facility, and were appreciative that staff hold themselves and the residents accountable.


Auditor interviewed Kristina Coldiron, Program Director using the protocols for Warden/Facility Director and staff on the incident review team; and Kristen Cappalletti, Quality Assurance & PREA Coordinator using the protocols for PREA Coordinator, Agency Head, investigative staff, contract administrator, retaliation monitoring, and staff on the incident review team. Note that Ms. Cappalletti is the designee for multiple responsibilities in the agency.

A total of 13 employees were present at facility on the two days of the site visit and auditor interviewed all who were there. If the 13, specialized staff interview protocols were used for seven (7) interviews with the other 6 consisting of only random staff interview protocols. Interview protocols used are listed: staff who conduct risk screening (3); staff who conduct intake (3); first responders (6); human resources staff (1). Note that the staff handle multiple responsibilities at the facility so multiple protocols were used for several individuals. The facility employs no medical or mental health staff and the facility employs no contractors and uses services of no volunteers. The facility employs no security employees.

All staff interviewed were asked the questions from the Random Staff protocols and auditor found each person to be very knowledgeable about all topics delineated in the training standards. Every staff explained the steps to take as a first responder and how to secure and handle evidence. Staff were well versed on pat search procedures and explained that searches are only conducted by same gender. Staff confirmed that they never conduct strip searches, are aware of the knock and announce requirement, and appropriate protocols for searching transgender or intersex residents, although none are aware of any assigned to the facility. Staff explained that CSI is very serious about maintaining a safe environment for residents and staff and conduct bi-monthly training sessions that cover PREA topics. Each staff is aware of the different methods a sexual
abuse/sexual harassment allegation may be reported, and his/her responsibility once made aware. Staff morale appeared to be high and employees shared positive comments about working for CSI and the facility director.

**Documentation Selection and Review:** Auditor was provided access to all documentation requested and was allowed to select which documents to review. Upon request, copies were provided in either paper or electronic format. A list of documents reviewed by auditor is included in PHASE THREE: Evidence Review and Interim Report, Document Review.

**PHASE THREE: Evidence Review and Interim Report**

Auditor departed facility with notes recorded from interviews and site tour, along with documentation collected during the visit. Several documents were to be forwarded after departure to be delivered by email. One policy recommendation was made for standard 115.217, which was revised in the CSI Personnel Manual and provided as a follow-up to the auditor post site visit. The list below indicates specific documents reviewed by auditor, although not necessarily all inclusive.

**Document Review:**
- CSI Policy 20-29, Sexual Assault – Harassment – PREA Compliance
- CSI Policy 20-12, Searches
- CSI Policy 20-09, Supervision & Accountability
- CSI Policy 20-22, Clients with Special Comprehension Problems
- CSI Policy 20-28, Grievance Procedures
- CSI Policy 20-04, Confidentiality
- CSI Policy 20-05, Services and Programming
- CSI Section Personnel Policy Manual
- Uniform Evidence Protocol Form DOC490.850 Attachment 8
- Letter to Wilmington Chief of Police, RE: Evidence Protocol
- Memorandum of Understanding between Community Solutions, Inc. and Christiana Care
- Sexual & Physical Assault/Abuse PREA Overview Lesson Plan
- Client PREA Education Checklist Form
- PREA Talking Points Meetings with Clients Form
- Guidance in Cross-Gender and Transgender Pat Searches, National PRC publication
- Community Solutions, Inc. Organizational Chart
- Delaware Residential Re-entry Center Organizational Chart
- Community Solutions, Inc. Language Line signed contract
- Employee Personnel Records
- Contact Lifeline Information
- Memorandum from PREA Coordinator RE: Grievances
- Incident Reports
- (14) Risk Screening Records
- Employee Training Records
- (14) Resident Training Records
- (7) Contract Acknowledgement Forms
- Adult Work Release Client Handbook (English and Spanish)
- PREA Brochure (English and Spanish)
- Delaware Residential Re-entry Center Coordinated Response Plan
- PREA Poster
- Notification of Outcome of Investigation Form Letter
- Example of Termination Letter for Policy Violation (redacted)
- PREA Incident Review Form
- PREA Data Collection Worksheet, 2018
- Community Solutions, Inc. PREA Annual Report, Years 2016, 2017, 2019
- Annual Data Comparison Report, 2016 through 2019
- Assessment and Re-Assessment Process
Auditor reviewed documentation listed above, conducted interviews, and made personal observations after which all information was triangulated to respond to each provision outlined for standards in this report. Each narrative is written to explain the triangulation, analysis, and conclusion reached.

**Summary:** Community Solutions, Inc. and Delaware Residential Reentry Center demonstrated high awareness of PREA standards requirements and a solid commitment to maintaining a safe environment for all residents and staff. All standards reviewed were found to meet or exceed the provisions of the standards. One area was identified by auditor with a recommendation of corrective action which was agreed upon by the PREA Coordinator. Corrective action was taken while auditor was on site, followed up by satisfactory documentation during the post on site portion of the audit. Additional information is provided in the section Summary of Audit Findings.

115.217(h) Corrective Action: Upon initial review of agency policy, auditor noted that this language was not included in current policy and recommended to PREA Coordinator that the language be added. Since the agency could not produce any examples where outside prospective employers had requested this information, it needs to be demonstrated in policy that the agency has adopted the practice. CSI updated their Personnel Policy Manual, section 5.6. to include this language and evidence was provided to auditor of this revision. This provision was considered compliant in practice and remains in compliance. Auditor found the action taken to satisfy provisions of standard.

**Facility Characteristics**

Community Solutions, Inc.’s Residential Re-entry Center in Wilmington, Delaware established itself as a valued community partner with an established Community Relations Board (CRB) comprised of key stakeholders and potential supporters of offender reintegration. The counsel consists of community leaders, educational representatives, public officials, other social service providers, and interested citizens. This board meets quarterly to establish links and to help identify and reduce barriers to community reentry. This group serves as a sounding board for the community, assists in mediating any issues that may arise with neighbors, and explains the Delaware Residential Re-entry Center program to various citizens’ organizations. The current board has had an interest in establishing educational, training, volunteering, and vocational opportunities for the program residents through the network of CRB members. Community Solutions, Inc. has also joined the Wilmington Hope Commission, a nonprofit group established by former Mayor James Baker. The Commission’s charge is to find
“solutions to the serious issues facing the city through a concerted collaborative effort, involving the resources and expertise of the many levels of government, nonprofit organizations, the business community, educational, religious, philanthropic, public safety, and community organizations and concerned citizens.” One of the Commission’s nine recommendations is to strengthen ex-offender reentry programs that promote positive reintegration into the community.

Delaware Residential Re-entry Center offers services for a maximum of 35 federal offenders (30 male and 5 female) within the city limits of Wilmington, the county of New Castle, Delaware. The three-story structure is approximately 8,874 square feet, includes 31 rooms, consisting of a kitchen, dining area, pantry, a private/staff bathroom, a group room, laundry room, and multiple communal bathrooms, bedrooms, offices, and storage areas. Resident rooms are furnished to comfortably accommodate the living needs of the resident.

This facility is in compliance with local, state, and national laws to include health, safety, environmental laws, and regulations. The facility is equipped with smoke detectors and sprinklers. Residents are responsible for maintaining the cleanliness of their sleeping quarters. The facility has a working elevator. All facility garbage is collected at least daily and placed in outside refuse containers. Trash is picked up through an outside collection service on a weekly basis. Sanitation issues are addressed immediately. Maintenance issues that cannot be rectified immediately by staff are noted on the Maintenance and Repair List.

First floor consists of offices, dining room/common room, laundry, group room, pantry, kitchen and a bathroom, and a single resident room with private bathroom. The resident room on first floor is the designated safe room. Second floor consists of two rooms designated for women, fit with two beds in each. Women share a communal bathroom that is fit with one shower, two toilets, and two sinks. The corridor has two doors with alarm that separates these rooms from the five men’s rooms located on the same floor. Men’s rooms consist of two beds in two rooms and three beds in the other two rooms. Men share a communal bathroom fit with one urinal, two toilets, four sinks, and three shower stalls. There is a case manager’s office on the floor and storage. Third floor houses seven men’s rooms, three have three beds and four have two. Men share a bathroom identical to the one on the second floor. A second case manager’s office is located on this floor. Residents share a weight room on the 3rd floor.

The facility utilizes no contract service providers and there are no volunteers currently. Residents can sign out to attend work, counseling, programming, educational, and medical appointments. Meals are catered daily and delivered by an outside vendor and then served by facility staff. Residents are considered Level I custody which indicates that this an adult work release program. Average daily population over the past 12 months is 32, although recently census has been down, according to the Program Director. At time of the onsite visit, 26 (5 female/21 males) residents were assigned to the facility with nine (1 female/8 male) out on pass for total onsite of 17. Residents must be at least 18 years of age and the average length of stay is 120 days. Residents are encouraged to find and maintain employment and assistance is provided in these efforts. Residents attend group house meetings weekly. Medical, mental health, counseling, other programming needs are met through outside community service providers. Resident’s case plan determines programming needs and are reviewed and monitored by the assigned case manager.

Staffing consists of the following positions: (1) Program Manager, (3) Human Service Worker I, (3) Human Service Worker II, (3) Human Service Worker III, (1) Counselor Supervisor, (1) Case Manager/Social Service Coordinator, (1) Case Manager, (1) Employment Specialist, (1) Administrative Assistant, and (5) relief workers/PRN. Current roster revealed one vacancy and one vacant home confinement Human Service Worker II position. Staff presence is maintained around the clock and there must always be at least two employees onsite.
## Summary of Audit Findings

### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>115.231, Hiring and promotion decisions; 115.267, Agency protection from retaliation; 115.286, Sexual abuse incident reviews.</td>
</tr>
</tbody>
</table>

### Standards Met

| Number of Standards Met: | 38 |

### Standards Not Met

| Number of Standards Not Met: | 0 |
| List of Standards Not Met:    | N/A |
PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

115.211 (a): Community Solutions, Inc. has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates. Auditor’s review of CSIP 20-29, Sexual Assault – Harassment – PREA Compliance found it outlines how the agency will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment on pages 4-11 and 12-19. This policy includes clearly outlined definitions of prohibited behaviors regarding sexual abuse and sexual harassment (pages 1-3) and sanctions for those found to have participated in prohibited behaviors (page 18). Agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents can be found within pages 4-11.

115.211 (b): Auditor’s review of the Community Solutions, Inc. organizational chart indicates Kristen Cappalletti is the designated PREA Coordinator and is a direct report to the Chief Executive Officer of the Agency. This position is identified as upper-level and serves all facilities of the Agency. As per CSIP 20-29 Sexual Assault - Harassment - PREA Compliance, the PREA Coordinator is an additional duty to the Quality Assurance Coordinator who reports to both the CEO and COO on all issues related to sexual harassment/abuse whether substantiated or not. The PREA Coordinator is the point of contact.
for reporting any allegation of sexual assault or abuse, is the designated agency investigator, will work with all agency departments to develop and implement a training plan that fulfills the PREA training standards, will monitor screening procedures, investigations, and retaliation. The PREA Coordinator oversees the PREA audits compliance efforts of the Agency, works with staff to analyze sexual abuse data and to make recommendations for improvements, and supervises the Agency’s data collection process to include publication of the annual report of findings. As per CSIP 20-28 Grievance Procedures, the PREA Coordinator coordinates investigations into any sexual abuse grievances.

Interview with the Agency’s PREA Coordinator reveals that sufficient time and authority is granted for developing, implementing and overseeing the agency’s efforts with PREA standards at all of its facilities. This position is a dedicated position which involves quality control duties and oversight for PREA and other facility operational areas. The PREA Coordinator oversees the PREA program both personally through site visits and direct delivery of training and through the Program Directors.

Auditor’s evaluation of the information obtained from review of related agency policy, published organization chart, interview with PREA Coordinator, and personal observations during site visit conclude Delaware Residential Re-entry Center and Community Solutions, Inc. meet all provisions of this standard.

**Standard 115.212: Contracting with other entities for the confinement of residents**

115.212 (a)

- 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 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 □ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) □ Yes □ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) □ Yes □ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) □ Yes □ No ☒ NA
Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.212 (a-c): Community Solutions, Inc. does not contract with other entities to provide housing services for the offenders assigned to their program. Community Solutions, Inc. contracts with the Federal Bureau of Prisons and the Connecticut Department of Corrections to house offenders on their behalf. Auditor reviewed contracts between Community Solutions, Inc. and both contracting entities and found that they require Community Solutions, Inc. to adopt and comply with PREA standards.

Auditor’s interview with PREA Coordinator supports the information auditor obtained from contracts review. Because Community Solutions, Inc. does not contract with other entities to provide housing services on their behalf, the provisions of this standard are found not applicable, resulting in auditors finding of meets standard. Delaware Residential Re-Entry Center housing residents on behalf of the Federal Bureau of Prisons.

Auditor’s evaluation of the information obtained from contracts review and interview with PREA Coordinator conclude Delaware Residential Re-entry Center and Community Solutions, Inc. meet all provisions of this standard through non-applicability.

Standard 115.213: Supervision and monitoring

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
  - ☒ Yes ☐ No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
    - ☒ Yes ☐ No
  - In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?
    - ☒ Yes ☐ No
  - In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?
    - ☒ Yes ☐ No
  - In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?
    - ☒ Yes ☐ No

115.213 (b)
▪ In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes  ☐ No  ☑ NA

115.213 (c)

▪ In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☑ Yes  ☐ No

▪ In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☑ Yes  ☐ No

▪ In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility’s deployment of video monitoring systems and other monitoring technologies? ☑ Yes  ☐ No

▪ In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☑ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.213 (a): The Master Staffing Plan Assessment dated 03/11/2019 indicates that Community Solutions, Inc. develops and documents a facility staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. Personnel Rules 2.5.4 Supervisions and Monitoring directs that the facility staffing plan takes into consideration the physical layout of the facility, the composition of the client population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring. The average daily number of residents since last PREA audit is 32 and the average daily number of residents on which the staffing plan was predicated is 34. On date of onsite visit, there were 23 residents assigned to the facility.

Personnel Rules 2.5.4 Supervision and Monitoring requires the master staffing plan be developed in accordance with the funding source contracts. The executive and other relevant personnel develop a plan that ensures the safety and security of the residents and that will ensure that the residents are able to receive the services necessary to transition back into the community. The development process stems from the contracts RFP. Community Solutions, Inc. puts together a proposal, which is then approved by the potential funder. Auditor’s review of the current contracts in place supports the development and subsequent approval of the staffing plans by the Federal Bureau of Prisons.
Personnel Rules 2.5.4 Supervision and Monitoring requires each Community Solutions, Inc. program/facility to maintain adequate staffing and supervision to ensure the safety and well-being of the clientele. While on duty, employees are expected to be awake, alert and observant at all times, to enforce rules, to adhere to policies and procedures and to exercise sound judgement. The agency puts safety and security of the public, the clients and the facility as priority for employees as stated in written policy and in observable practice. Based on policy review and interview with PREA Coordinator and Program Director, staff who do not comply with agency policy, particularly those of safety and security requirements, will not be retained.

Personnel Rules 2.5.4 Supervision and Monitoring, Use of Video Monitoring Systems, provides that the Video Monitoring Systems may be utilized to enhance supervision and monitoring of the clients and the facilities. Assessment of video monitoring needs shall also take place at least annually or more frequently as needs arise. Assessment shall include, analyzing the number of cameras, the placement of cameras, monitoring and dependability of monitoring systems.

115.213 (b): Personnel Rules 2.5.4 Supervision and Monitoring require each facility to maintain a staffing schedule based upon the determined staffing needs required to ensure a safe environment that is properly monitored and supervised. The overall staffing framework for the program is consequently referred to as the staffing plan. The staff schedule is developed based on the staff plan. Both are maintained by the Program Director. The schedule contains staff names and assigned work times. When schedule changes or variations cause a deviation in the staff plan, the Program Director documents and justifies the deviations. The most common reasons for potential deviations are staff call outs and emergency transportations. Deviations were indicated 0 times in the past 12 months. Auditor’s review of random staffing schedules and use of relief personnel indicates that the facility does not fall below the minimum required staffing required by the staffing plan approved by the Federal Bureau of Prisons at any time.

Personnel Rules, 2.5.12 Reporting for Work, In the event that a staff person does not report to work timely, on site staff are required to stay on shift so as to ensure required supervision standards are upheld. This is indicated in records review as noted in section (b) above.

Interviews with random residents and random staff confirm that the required staffing pattern is maintained. Auditor’s interview with PREA Coordinator found that she is notified of any deviations from staffing plans and the facility has reported no deviations due to maintaining the proper number of staff through holdovers, call-ins, and use of Relief Staff. This same information was disclosed during interview with Program Director.

115.213 (c): Personnel Rules 2.5.4 Supervision and Monitoring, Staff Plan Development Process outlines the process for the facility to used when conducting staffing reviews. The plan requires whenever necessary, but no less frequently than once each year, Community Solutions, Inc. shall assess for each Adult Work Release/ Residential Reentry Center the staffing patterns and determine if any adjustments need to be made. The Program Director addresses the needs of the program and any staff issues that may inhibit the providing of services, appropriate supervision or security. The COO brings any proposed changes to the attention of the funder, who then has ultimate control of approval or disapproval. Once approved, the Program Director may move forward in fulfilling the standard of the new plan.

As per auditor’s review of the Master Staffing Plan Assessment dated 03/11/2019, the facility assessed, determined, and documented whether adjustments are needed to the established staffing plan, staffing
patterns, deployment of video monitoring systems and other monitoring technology, and resources the facility has available to ensure adequate staffing levels. The current annual assessment indicates no staffing adjustments are necessary. In addition, auditor reviewed staffing plan reviews 2018 and 2017 and found them to contain considerations required by this standard.

Over the course of the site visit, auditor visited at times covering all shifts and found the facility well supervised and meeting at least the minimum staffing required by the plan. Offenders conveyed feeling safe and adequately supervised at the facility through interviews and through personal observation by this auditor.

Auditor’s evaluation of the information obtained from review of related agency policy, Federal Bureau of Prisons contracts, staffing plans since last audit, interviews with random staff, random residents, Program Director and PREA Coordinator, and personal observations during site visit conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.215: Limits to cross-gender viewing and searches**

**115.215 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

**115.215 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ NA

**115.215 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☒ Yes ☐ No ☐ NA

**115.215 (d)**

- Does the facility have policies 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 ☐ No
Does the facility have 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 ☐ No

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? ☒ Yes ☐ No

115.215 (e)

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 ☐ No

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 ☐ No

115.215 (f)

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.215 (a): In accordance with CSIP 20-12 Searches, Delaware Residential Re-entry Center refrains from conducting cross-gender strip searches and cross-gender visual body cavity searches. Strip searches and visual cavity searches are generally not conducted by Community Solutions, Inc. and only under directive from DOC, Parole, Probation, or Federal Bureau of Prisons. Community Solutions, Inc. staff may be asked to act as witness during this process which are conducted in private, and by same sex as client only.

115.215 (b): In accordance with CSIP 20-12 Searches, Delaware Residential Re-entry Center staff of the same sex as the client conducts the pat search. In the event a same sex staff person is not available, a pat search will not take place. In exigent circumstances, a cross-gender pat search may be
conducted only after authorization of the Program Director or other stated authority. Any such search must be documented in an incident report. Female residents’ access to programming is never restricted for this reason.

There were no documented incidents of opposite gender pat searches or strip searches. Interviews with staff, residents, and Program Director further supports that opposite gender pat searches are prohibited. No strip searches were conducted on any resident interviewed and staff indicated they have never participated in a strip search.

115.215 (c): In accordance with CSIP 20-12, Searches, all strip searches are documented in the Program Log and on an Incident Report Form and any cross-gender pat search conducted will be documented on an Incident Report Form.

Program Log and Incident Reports indicated no cross-gender pat searches or strip searches have been conducted for the audit period. Program Director has been at the facility for more than six (6) years and she recalls no incident where a strip search was conducted by staff. Strip searches are conducted by a Federal Bureau of Prisons officer or local law enforcement officer when necessary. Information obtained during interviews with residents and staff indicated no strip searches have occurred.

115.215 (d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance all residents shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be shower, performing bodily functions, or changing clothing.

Auditor toured each bathroom during the onsite visit and found each equipped with an entry door and individual toilet and shower stalls with doors and shower curtains that provide the resident privacy. Resident rooms are equipped with doors. Auditor observed staff practicing the knock and announce procedures each time a resident room or bathroom was entered. Interviews with staff confirmed the knock and announce as a requirement and known practice. All residents interviewed state that opposite gender staff never enter the restrooms if occupied and only enter their rooms after the knock and announce, even if the door is open.

115.215 (e): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status. Genital status determination is only made through conversations with the resident or as part of a broader medical examination conducted in private by a medical practitioner.

Interviews with Program Director and staff confirm awareness that searching or physically examining a transgender or intersex resident for purpose of determining genital status is prohibited. As stated in sections (b) and (c) above, no strip searches are conducted by staff for any purpose.

115.215 (f): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, all staff shall be trained to conduct all strip searches in a professional and respectful manner. Community Solutions, Inc. utilizes the training curriculum Guidance in Cross-Gender and Transgender Pat Searches published by the National PREA Resource Center and The Moss Group, Inc. Auditor’s review of this training curriculum finds all elements of this provision are met with delivery of this instruction. Training certificates were reviewed for 15 employees who are authorized to conduct searches at the facility and interviews indicated staff are trained on these procedures to properly conduct searches in a professional and respectful manner. Staff are not authorized to conduct strip searches.
Also directed by above referenced policy, transgender residents are allowed to designate their preference for which sexed staff is to conduct their pat and pocket searches. For example, if a resident identifies as female, she should be asked if she prefers male or female staff to conduct pat searches on her person. This is required to be clearly documented and kept in the resident file. The Pat Search and UA (Urinary Analysis Designation) form must be thoroughly and legibly completed; none of these forms were available for review as there has been no transgender residents identifies to have been assigned to the facility in the audit period.

The facility reports no cross-gender strip searches or cross-gender visual body cavity searches of residents were conducted, or pat-down searches of female residents conducted by male staff within the past 12 months. The facility reports no transgender or intersex residents housed at the facility within the audit period.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, facility incident reports, interviews conducted with random staff, random residents, Program Director and PREA Coordinator, and personal observations during site visit conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.216: Residents with disabilities and residents who are limited English proficient**

115.216 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- 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 §115.264, or the investigation of the resident’s allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

115.216 (a): In accordance with CSIP 20-22, Clients with Special Comprehension Problems, clients admitted to a Community Solutions, Inc. program that are determined to have special comprehension needs due to organic, literacy or language barriers shall receive assistance to ensure comprehension. The facility is required to take appropriate steps to ensure that residents with disabilities, including those who may be deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the agency’s services, while being safe and secure in the program environment. Community Solutions, Inc. will ensure that information is presented in a manner understood by the person served, while providing an avenue for the client to effectively communicate.

All referral packets are reviewed in advance for special needs, medical concerns, and any related accommodations that may be necessary to provide services to the prospective client. Every effort is made by Community Solutions, Inc. to accommodate each client and to have accommodations in place prior to client’s arrival. External sources will be used after internal resources have been exhausted. Auditor reviewed contract between Community Solutions, Inc. (effective 02/21/2017) and Language Line Services, Inc. for interpreter services via phone or video. Accessing interpreter services is covered in annual policy manual refresher and is covered as a topic during the monthly training topics list.

Staff will accommodate any client unable to comprehend and/or speak English including those who are deaf and hard of hearing through internal and/or external sources. These clients will be assisted in achieving a level of comprehension necessary for their positive functioning in the program and will be accomplished through the use of sign language interpreters, and/or translated forms. The Case Manager assigned to any client who has a limited ability to read, speak or understand English are required to seek resources to ensure the client has the ability to engage in all aspects of available programs and requirements.

Clients who are blind or have low vision will have all program services verbally explained and policies and procedure documents read to them by staff. If a client’s behavior leads staff to suspect impaired comprehension or is otherwise documented, staff will ensure comprehension of all program services and policies and procedure documents by asking the client to repeat back what has been said to him or her. In all cases, it is the responsibility of the staff person who is communicating with client to ensure comprehension.

115.216 (b): Staff will accommodate any client unable to comprehend and/or speak English through internal and/or external sources. These clients will be assisted in achieving a level of comprehension necessary for their positive functioning in the program and will be accomplished through the use of alternative language interpreters, and/or translated forms. Community Solutions, Inc. maintains a list of bilingual staff who may assist with interpretation as needed. The Case Manager assigned to any client who has a limited ability to read, speak or understand English are required to seek resources to ensure the client has the ability to engage in all aspects of available programs and requirements.

115.216 (c): As per CSIP 20-22, Clients with Special Comprehension Problems, children and other residents will not be used to interpret in order to ensure confidentiality of information and accurate
communication. Use of other clients to interpret is limited to emergency situations and in casual contact where no privileged information may be revealed. The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective translation could compromise the resident’s safety, the performance of first responder duties under PREA 115.264 or the investigation of the resident’s allegation. If a resident interpreter must be used, the purpose and justification shall be documented. Auditor’s interview with Program Director identified that upon intake, the program staff completes a Basic Skills Assessment to determine disability of comprehensive issues. All efforts are made by staff to ensure delivery of information is conducted in a manner that is understood by the resident.

Alternative languages may be accessed through the Language Line Services contract, which was reviewed by the auditor and during interviews, all staff indicated they are aware of how to access this service should it be necessary. Auditor reviewed the PREA brochure and Client Handbook that has been translated into Spanish. Other languages will be translated using the contract service, should there be a need, according to interviews with Program Director and PREA Coordinator. There was no documented use of this service in the past 12 months. The facility reports there have been no instances where resident interpreters, readers, or other types of resident assistants have been used in the past 12 months.

There were no residents with a visual or hearing disability at the time of the onsite visit. Auditor’s interviews included residents with limited English proficiency, physical disability, and cognitive disability. Interpreter service was offered where applicable and was refused as not necessary. Targeted resident interviews indicated the same level of knowledge about the sexual abuse and sexual harassment zero tolerance policy, reporting procedures, and access to services as found with the randomly selected residents.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, interpreter service contract, resident educational materials and postings on bulletin boards, interviews conducted with random staff, targeted and random residents, Program Director and PREA Coordinator, and personal observations during site visit conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.217: Hiring and promotion decisions**

**115.217 (a)**

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- 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 ☐ No
- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☒ No

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*

115.217 (a): In accordance with CSIP 20-29 Sexual Assault – Harassment – PREA Compliance and Section 2 Personnel Policies and Personnel Rules 2.1.7 Selection, Community Solutions, Inc. prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting services of any contractor who may have contact with residents who discloses or has engaged in any previous misconduct of a sexual nature, whether actual or attempted, and whether facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. This includes sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or in the community.

Interviews conducted with PREA Coordinator and with Human Resources found that, to their knowledge, there has been no case where anyone has been approved for hire with a substantiated incident of sexual harassment. Personnel records reviewed indicated due diligence in obtaining information on any prior incidents of sexual misconduct as described in the previous paragraph of provision (a) narrative.

115.217 (b): As per CSI Section 2 Personnel Policies, 2.1.7 Selection, Community Solutions, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote a candidate.
Interviews conducted with PREA Coordinator and with Human Resources found that substantiated incidents of sexual harassment would require approval from CEO prior to hiring and that to their knowledge there has been no case where anyone has been approved for hire with a substantiated incident of sexual harassment.

115.217 (c): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, a criminal background check is conducted on all new hires. As per CSI Section 2 Personnel Policies, the hiring manager will complete a reference check for each candidate. In accordance with CSI Section 2 Personnel Policies, 2.1.7 Selection, Community Solutions, Inc. makes its best effort based on federal, state, and local laws to contact all prior institutional employers specifically inquiring about information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse. Auditor’s review of the Community Solutions, Inc. Employment Reference Check Form finds that the information required in this provision is requested from any prior institutional employer.

Auditor’s review of nineteen employee personnel files contained evidence that NCIC/NLETS inquiry had been completed on each employee. Interviews with PREA Coordinator and Human Resources found that DOJ Federal Bureau of Prisons also requires the background checks on all employees prior to hire as well as Community Solutions, Inc. As evidenced by documentation in personnel files and through interviews conducted with Human Resources, Community Solutions, Inc. conducts reference checks to prior employers in an attempt to identify any information related to substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse.

115.217 (d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, a criminal background check is conducted prior to enlisting the services of any contractor who may have contact with residents. The facility reports that none have been conducted as no contractors have been enlisted in the past 12 months. Community Service providers are used external to the Center.

115.217 (e): As per CSI Section 2 Personnel Policies, 2.1.8, Background Checks, and 2.1.9, Re-Verification of PSC/CBC, a Protective Services Check and Criminal Background Check for all current employees will be conducted every five (5) years.

Human Resources interview revealed that the electronic database triggers when an employee’s background check is due, at which time a consent form is obtained from the employee by the Program Director and submitted to HR for the background to be requested. Program Director confirmed this practice during interview with auditor.

115.217 (f): As per CSI Section 2 Personnel Policies, 2.1.8, Background Checks and CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, during the hiring process, the applicant shall be asked directly about previous misconduct regarding sexual abuse and/or harassment through written applications or interviews. Once hired and employed, the employee has an obligation to disclose any such misconduct.

Auditor’s review of 19 employee records found that the agency has directly asked each employee, either through the application process or through subsequent other written means, the about previous misconduct as delineated in provision (a) of this standard. Auditor founds during interviews that employees are aware of their continuing duty to disclose misconduct.

115.217 (g): As per CSI Section 2 Personnel Policies, 2.1.8, Background Checks and CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
Random staff interviews indicate employees are aware of the continuing duty to report and misconduct described within this standard.

115.217(h): Interviews conducted with Human Resources and PREA Coordinator confirmed that upon receiving a request from a potential employer for information on substantiated allegations of sexual abuse or sexual harassments involving a former employee, the agency will release the information. There were no requests available to review and no parties interviewed had received any prior requests.

Corrective Action: Upon initial review of agency policy, auditor noted that this language was not included in current policy and recommended to PREA Coordinator that the language be added. Since the agency could not produce any examples where outside prospective employers had requested this information, it needs to be demonstrated in policy that the agency has adopted the practice. CSI updated their Personnel Policy Manual, section 5.6 to include this language and evidence was provided to auditor of this revision. This provision was considered compliant in practice and remains in compliance. No further action is required.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, personnel records, interviews with staff, Human Resources personnel, Program Director, and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.218: Upgrades to facilities and technologies**

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect 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.)
  - ☐ Yes  ☐ No  ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  - ☐ Yes  ☐ No  ☒ NA

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
Does Not Meet Standard *(Requires Corrective Action)*

115.218 (a)(b): The agency reports they have acquired no new facilities or made any substantial expansions or modifications of existing facilities nor installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Auditor’s onsite interview with Program Director and the PREA Coordinator (on behalf of the CEO) supported the assertion of no new facility acquisitions, substantial expansions, facility modifications or updates since last audit. Auditor’s review of the last PREA audit report conducted in June 2016 identified 10 cameras in place and personal observations during on-site tour of facility finds no evidence to indicate there have been any unreported modifications or installations.

Auditor’s analysis of the collective information above finds Community Solutions, Inc. and Delaware Residential Re-entry Center compliant with provisions of this standard.

### RESPONSIVE PLANNING

**Standard 115.221: Evidence protocol and forensic medical examinations**

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- 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 ☐ No
▪ Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

▪ If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

▪ Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

▪ Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

▪ If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

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

115.221 (e)

▪ As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

▪ As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

▪ If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.221 (h)

▪ If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**115.221 (a):** Community Solutions, Inc. is responsible for conducting administrative investigations of sexual abuse and sexual harassment allegations. It is the policy of Community Solutions, Inc. that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole) or Federal Bureau of Prisons. Wilmington Policy Department is the local law enforcement entity who is responsible for conducting criminal investigations of sexual abuse allegations. Community Solutions, Inc. follows a Uniform Evidence Protocol that is documented on form **DOC490.850 Attachment 8** for any evidence collected prior to arrival of the law enforcement entity.

Employees receive instruction during PREA training on general evidence protocols based on the training records and auditor’s review of the lesson plan. During the random staff interviews, employees were found to be knowledgeable about their responsibility in preserving evidence, should there be a need.

**115.221 (b):** The Delaware Residential Re-entry Center houses no residents under the age of 18, therefore protocols are not required to be developmentally appropriate for youth, although the protocols used by the Agency are consistent with those based on comprehensive and authoritative protocols developed after 2011.

**115.221 (c):** In accordance with **CSIP 20-29, Sexual Assault – Harassment – PREA Compliance**, victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PREA Coordinator or designee will contact the appropriate law enforcement agency (Wilmington Police Department), who will conduct and coordinate the criminal investigation. The PREA Coordinator or designee shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/SANE staff are available.

A Memorandum of Understanding between Community Solutions, Inc. and Christiana Care – Wilmington Hospital, Wilmington, DE was requested on 12/15/15 and executed on 03/31/16 to provide medical services by a SAFE or SANE medical professional to client victims of sexual assault. The agency reports there have been no forensic medical exams conducted during the past 12 months due to having no reported incidents. Auditor verified with Wilmington Hospital that sexual assault victims are examined by either a SAFE/SANE or a properly trained medical provider.

**115.221(d):** In accordance with **CSIP 20-29, Sexual Assault – Harassment – PREA Compliance**, the Program Director is to assure local resources for medical, mental health, and victim advocate support are made available at no expense to the client. Community Solutions, Inc. provides no medical, mental health, or advocacy services by the Agency. Christiana Care through Wilmington Hospital provides services as per the MOU referenced in section (c) of this narrative.

There has been no reported sexual abuse allegation within the past 12 months and there has been one (1) sexual harassment investigated and found substantiated. Auditor’s interview with the resident and
review of the case file indicated that a referral for mental health and victim advocate support services was offered and denied by the resident.

**115.221 (e):** If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. In addition to the MOU with Christiana Care referenced in sections (c)(d) of this narrative, residents may access confidential crises support through ContactLifeline at 1-800-262-9800. Auditor’s interviews with Program Director and PREA Coordinator indicate that external service providers are arranged for residents who have any type of crises management care, to include dealing with prior sexual victimization.

**115.221 (f):** In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency (Wilmington Police Department), who will conduct and coordinate the criminal investigation. On 12/15/15, notification was made by the PREA Compliance Director in writing to the Chief of Police at Wilmington Police Department regarding requirements of provisions (a) through (e) of this standard. A written confirmation of receipt of this information was requested but not received. Auditor’s review of information provided in notification letter indicates the facility has exercised due diligence in satisfying this provision.

**115.221 (h):** The agency provides no staff member to provide advocate services. A current MOU is in place as noted in sections (c)(d)(e) above. This provision is N/A.

During interviews conducted with both PREA Coordinator and Program Director, auditor grasped an understanding of the PREA allegation investigation protocols. Initial report of a PREA allegation will be referred to the local Wilmington Police Department once it is deemed that a criminal act may have been involved. Once the Wilmington Policy Department responds, the responding law enforcement entity will then make a determination if the State Police will be contacted. This determination will also involve input from the Federal Bureau of Prisons. The agency PREA Coordinator is the designated administrative investigator, who also confirmed during interview that an administrative investigation is conducted on all allegations involving any type of misconduct at the facility. There has been no allegation of sexual abuse or sexual harassment of a criminal nature reported at the facility during the audit period.

Interviews conducted with all levels of staff indicated clearly that the services provided for any resident who is a victim of sexual abuse will be handled will be provided using a victim-centered approach and that unimpeded access to appropriate outside services will be made available to the resident.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, MOU, and Facility Coordinated Response Plan, along with interviews with staff, targeted residents, Program Director, and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.222: Policies to ensure referrals of allegations for investigations**

**115.222 (a)**
Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.222 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.

115.222 (b): Community Solutions, Inc. has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations as indicated in provision (a) above. Any referrals will be documented on an Incident Report Form and where applicable, the Uniform Evidence Protocol form DOC490.850.

The agency reports there has been no allegation of sexual abuse and one (1) allegation of sexual harassment received and investigated in the past 12 months. The allegation did not meet criminal standards and was not referred to a law enforcement agency for investigation.
Auditor retrieved the PREA (Prison Rape Elimination Act) Policies & Procedures posted to Community Solutions, Inc. public website at https://www.csi-online.org/prea/ and found this to meet requirement of this provision.

115.222 (c): CSIP 20-29, Sexual Assault – Harassment – PREA Compliance outlines the responsibilities of both Community Solutions, Inc. and the law enforcement entity with regard to investigating sexual abuse and sexual harassment allegations as indicated in provision (a) above.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, documented case file, and interview with PREA Coordinator/Agency Investigator/designee for CEO finds Delaware Residential Re-entry Center meets all provisions of this standard.
TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee’s facility? ☒ Yes ☐ No
- 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 ☐ No
115.231 (c)

- Have all current employees who may have contact with residents received such training?  ☒ Yes  ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  ☒ Yes  ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  ☒ Yes  ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  ☒ Yes  ☐ No

Auditor Overall Compliance Determination

- **Exceeds Standard** *(Substantially exceeds requirement of standards)*

- **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

- **Does Not Meet Standard** *(Requires Corrective Action)*

115.231 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, all staff will be trained to recognize and report abuse prior to their working with clients. PREA specific training during orientation and subsequent house meetings includes: Community Solutions, Inc.’s zero tolerance policy on sexual abuse and harassment; prevention, detection, reporting, and responses to sexual abuse or assault allegations or observations; the rights of clients and staff in reporting allegations and to be free from retaliation; the dynamics of sexual abuse and harassment in confinement; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with clients, appropriate communication with clients (including lesbian, gay, bisexual, and transgender clients); and how to comply with relevant laws regarding reporting of sexual abuse.

Auditor’s review of the PREA curriculum finds it to be comprehensive and thorough, informative, easily understood, and to include all topics required in this provision.

Auditor’s review of the Trainer’s Checklist finds a robust orientation training requirement for new hires. Included on the checklist is a two (2) hour block of training on Sexual & Physical Assault/Abuse w/PREA Overview. According to the trainer, all items must be completed prior to the trainee beginning in their position. Each section is reviewed in depth to ensure understanding and competency in the topic.
Auditor’s interviews with random staff revealed all staff were well educated about all of the elements identified in this provision and were able to articulate appropriate answers to the interview questions. Staff further confirmed that PREA refresher trainings are conducted at every staff meeting.

115.231 (b): The employee training is tailored to both male and female residents. Delaware Residential Re-entry Center houses both male and female residents. If an employee transfers or is reassigned from a different gender facility, additional training is delivered to cover any specific operations at that facility.

115.231 (c): PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. Each staff shall be required to attend an annual refresher PREA training. Community Solutions, Inc. shall provide each employee with refresher training annually to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. The agency also provides refresher information on current sexual abuse and sexual harassment policies which is conducted during the monthly staff meetings. Interviews with random staff and with Program Director confirmed this practice is in place.

115.231 (d): Staff sign a document acknowledging that they understand the training they have received. The facility reports 17 full-time employees are currently employed by the facility who have received training and/or retraining on the PREA requirements as enumerated in provision (a). Auditor reviewed training records for all employees and one PRN relief staff finding the facility meets this provision.

Auditor reviewed training records for a total of 19 staff. Evidence was provided that staff receive PREA training during orientation prior to assuming their duties at the facility and then at least every two (2) years either through a comprehensive policy review and/or formal delivery of the PREA refresher training. The PREA Coordinator publishes an annual Program Staff Meeting agenda that includes a different PREA topic each month with the intent of providing on-going refresher training. Interviews indicated that PREA topics are discussed at every staff meeting which provides staff with on-going refresher training about the zero-tolerance policy and related procedures. The review of these PREA topics at the monthly staff meetings was further evidenced by signed attendance rosters for the past twelve (12) months.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, employee training records, interviews with staff, Program Director, and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard. Documented evidence of monthly refresher training on PREA topics among facility staff is beyond the requirement of this standard, therefore, Delaware Residential Re-entry Center is found to exceed this standard.

**Standard 115.232: Volunteer and contractor training**

115.232 (a)

- 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 ☐ No

115.232 (b)
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 ☐ No

115.232 (c)

Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.232 (a)(b): In accordance with written policy CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, all volunteers and interns must be trained to recognize and report abuse prior to their working with clients PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. All Volunteers or Interns who will be working unaccompanied by staff with residents will receive the same training as indicated in 115.231 (a) for employees. Contractors upon entering a Community Solutions, Inc. Residential Facility will be briefed on Community Solutions, Inc.’s PREA and zero tolerance policy and reporting procedures. Volunteers, interns or contractors who have not had background checks conducted will not have contact with residents and will be escorted and supervised by a staff member at all times when in resident areas.

Personnel Rules 2.11.3 Volunteer/Intern Services, Orientation and Training, all volunteers and interns are provided an orientation and training period during which they will receive training in PREA – Community Solutions, Inc.’s zero tolerance policy against harassment and abuse and reporting obligations if witnessing harassment or abuse.

115.232 (c): In accordance with written policy CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, all volunteers and interns who will be working unaccompanied by staff shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy. Contractors will be requested to sign a PREA Acknowledgement form noting that they have been provided with information on Community Solutions, Inc.’s zero tolerance policy and reporting procedures.

Interview with Program Director indicates that no volunteers, interns, or contractors are used who have contact with residents. When contractors are hired to provide certain routine services such as facility maintenance or vending services, they are escorted by staff and are required to be made aware of the agency’s zero tolerance policy and sign an acknowledgement statement of understanding. Auditor reviewed seven (7) documented acknowledgement statements for this purpose and finds this
sufficiently makes the contractor aware of the agency's zero tolerance policy, reporting requirements and procedures, and consequences of not adhering to these requirements.

Auditor's analysis and evaluation of the information obtained from review of related agency policy, contractor acknowledgement statements, interview with Program Director and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard.

### Standard 115.233: Resident education

**115.233 (a)**
- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.233 (b)**
- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

**115.233 (c)**
- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No
115.233 (d)  
- Does the agency maintain documentation of resident participation in these education sessions?  
  ☒ Yes  ☐ No

115.233 (e)  
- 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  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)  
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (Requires Corrective Action)

115.233 (a): In accordance CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, all clients are advised during their initial intake on the company policy against abuse and how to report abuse. During intake orientation, all residents receive a resident handbook, and a facility handout containing information about PREA. All residents sign an acknowledgment that they have received the handbook and the PREA handout which contains the following information: a) the facility’s zero tolerance policy regarding sexual abuse and sexual harassment; b) how to report incidents or suspicions of sexual abuse, sexual harassment; c) their rights to be free from sexual abuse and sexual harassment; d) their rights to be free from retaliation for reporting such incidents; and e) agency policy and procedures for responding to such incidents. During orientation staff use the PREA Talking Points – Meetings with Clients sheet to guide them in conveying the information to clients as noted in this provision which provides consistency in delivery of the training.

The facility reports 94 residents were admitted within the past 12 months and all 94 received the education/information discussed in this provision.

115.233 (b): Clients who have transferred from a different facility will receive refresher information about PREA during intake. There were no residents transferred from a different community confinement to this facility within the past 12 months.

115.233 (c): The resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA.

115.233 (d): After the client receives the required PREA education, the Client PREA Education Checklist is completed by both client and staff by affixing initials in the appropriate space next to the specific training received. The client and staff also sign and date the form upon completion of the training.
115.233 (e): PREA specific training is also held on-going during house meetings. Client attendance at house meetings is documented in the facility’s shift log. PREA Posters provide basic information about the zero tolerance for sexual abuse and sexual harassments. These posters are found throughout the facility. Each resident is provided with a handbook containing information as discussed in provision (a) above.

The facility has no regularly scheduled intake day and inmates are subject to arrive at various days and times. Intake usually consists of one resident at a time, therefore, individual one-one-one training is delivered to each resident. Auditor reviewed case files for fourteen (14) current residents and found each has received the required education delineated in provision (a) above. Records indicate that the education was delivered within 24 hours of arrival, and in most cases, on the same day of arrival. Staff interviews indicate that education will be delivered in a manner to ensure the resident understands and has same access to all parts of the PREA resources equally. Documentation signed and initialed by each resident was retained in the database providing evidence of his/her participation in the education session. Auditor observed key information posted on all bulletin boards on each floor of the facility and in resident handbooks. Handbooks and flyers are available in English and Spanish.

Resident interviews indicated a thorough knowledge of the zero-tolerance policy and how to access services by all targeted and randomly selected residents interviewed. Every resident spoke highly of the staff at Delaware Residential Re-entry Center and conveyed a clear and strong understanding that abuse or harassment of any kind will not be tolerated at the facility and that it is a safe environment. Residents articulated a mutually respectful relationship between themselves and the facility staff and indicated they would have no problem reporting an incident if it became necessary.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, resident training records and case files, interviews with intake staff and Program Director conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.234: Specialized training: Investigations**

**115.234 (a)**

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

**115.234 (b)**

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
▪ Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.).) ☒ Yes ☐ No ☐ NA

▪ Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.).) ☒ Yes ☐ No ☐ NA

**115.234 (c)**

▪ Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.).) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**115.234 (a):** Community Solutions, Inc. designates the PREA Coordinator as the Agency investigator for sexual abuse and sexual harassment administrative investigations. The investigator is required to obtain specialized training as indicated by standard.

**115.234 (b):** PREA Investigations Training includes a) PREA definitions, policies and reporting procedures, standards for investigations in a confinement setting, and protection from retaliation; b) Basic Investigation Steps, Coordinated Response, Sexual Assault Response Teams/Evidence Protocols, Mental Trauma, Inmate and Staff Culture, Report Writing, Miranda vs. Garrity; c) Interviewing: Personal Biases, Initial Interview, Soft vs. Hard Interview, Interviewing Techniques; d) Gender & Communication: Relational language, Rules language, Understanding the victim, Abuse history, Effects of trauma, Aftermath of abuse/PTSD, Your demeanor/body language; e) Changing the Reporting Culture: Creating a reporting culture, Code of Silence, Red Flags/signs of abuse, Role of Medical and Victims’ Advocates.

**115.234 (c):** Training record was provided to auditor documenting that the designated Agency Investigator received the specialized training referenced in provision (b) on 10/13/15.

Auditor’s interview with PREA Coordinator/Agency Investigator verified a thorough knowledge of the topics outlined in provision (b). Review of the documented training records provided and analysis of the documented sexual abuse investigation case file indicates all provisions of this standard have been met.
Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - Yes ☐ No ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - Yes ☐ No ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - Yes ☐ No ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
  - Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
  - Yes ☐ No ☒ NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency
does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The facility employs no medical or mental health practitioners therefore all provisions of this standard are not applicable resulting in the auditor finding Delaware Residential Re-entry Center compliant with this standard.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

#### Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)
Within a set time period not more than 30 days from the resident’s arrival at the facility, does the facility reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident’s risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident’s risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.241 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, all residents shall be assessed upon admission to the Community Solutions, Inc. program. Upon referral the client’s referral package is reviewed for indicators of either a history or indicators of previous abuse or predatory behavior. The client is either accepted or denied as appropriate. Risk factors are considered in housing the client upon arrival.

The facility reports 94 residents entering the facility within the past 12 months and who were screened for risk of sexual victimization or risk of sexually abusing other residents.
115.241 (b): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival.

Auditor reviewed fourteen case files and found every resident to have documentation of initial intake screening conducted within 72 hours and in most cases the screening was conducted on the same day.

115.241 (c): As per CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, resident screenings are completed utilizing the PREA intake screening assessment. Auditor's review of the five (5) page Sexual Violence Assessment Tool finds it to be objective, comprehensive, and thorough. Based on the responses to the questions a score is calculated and if within the designated threshold, then the resident may be flagged as either a PREA Victim or PREA Predator. Scores outside the threshold will receive no flag. Upon arrival and during intake any further risk factors are brought to the Program Director for evaluation and possible further actions.

115.241 (d): Risk Factors for victimization include clients that are: transgender/transsexual, sex offenders, homosexual, bisexual, younger than the general population, frail/small of stature or petite, mentally ill, developmentally disabled, physically, mentally, cognitively or communicatively impaired, first time offender, has a history of sexual abuse/victimization. The resident’s own perception of vulnerability will also be given consideration with determining risk.

Residents interviewed indicated the risk screening process included discussion of his/her perception of vulnerability. Each resident interviewed stated comfortability at the facility and a sense of safety with a sense that if a problem did arise, he/she would be able to bring this to their case manager or the Facility director and action would be taken.

115.241 (e): Risk factors for predation include clients with: History of previous behavior, long history of incarceration, large physical size, aggressive demeanor.

115.241 (f): A reassessment screening of each resident will take place prior to the 29th day after admission. The reassessment process shall include a second assessment completed by the case manager, which shall incorporate any additional and relevant information received after the initial assessment. The facility reports 89 residents were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility.

Auditor's case file review revealed each resident had been rescreened within 30 days of arrival and within the guidelines stated in the related agency policy referenced in this narrative.

115.241 (g): A reassessment will also occur after a request from the referral source, an incident of sexual abuse or any other information gathered that bears on the client's risk of victimization or abusiveness.

Auditor's case file review revealed a rescreening was documented in the case file of the resident who had reported a sexual harassment allegation on the same date as the incident. Documentation of additional screenings for other offenders was observed during file review indicating these are conducted upon request or receipt of additional information.

115.241 (h): Clients have the right to not answer or fully disclose information with questions regarding whether or not the client has a mental, physical, or developmental disability; the client’s sexual orientation including transgender, intersex or gender non-conforming; whether the client has been a
victim of sexual harassment or abuse; and the client’s own perception of vulnerability. Clients will not receive any discipline for not answering questions that cover this subject matter. Case Manager
interviews revealed that no resident is disciplined for non-disclosure.

115.241(i): All risk screening data is entered directly into the electronic case file for each offender by the individual Case Manager conducting the screening. Database access to various modules is controlled by the agency PREA Coordinator. Access to the various modules is approved on a need to know basis. Only the Case Managers, Program Director, and PREA Coordinator have access to the data collected during the Risk Screening interview. PREA Coordinator breaks down access.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, resident case files and screening records, interviews with designated staff, random and targeted residents, Program Director, and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.242: Use of screening information**

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

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

115.242 (c)

- 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 ☐ No

- 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 ☐ No

115.242 (d)

- 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 ☐ No

115.242 (e)

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

115.242 (f)

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

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

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

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.242 (a)(b): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, information from the Sexual Violence Assessment Tool will be used in determining bed, work, education and program assignments so that client’s at risk of sexual victimization are kept separate from client’s with high risks to be sexually abusive. These are done on a case by case basis. Room and program assignments for transgender or intersex clients are also completed on a case by case basis. Decisions are made after a conversation with the client about their preferences and safety. Room selection is also determined but what rooms are available, but room changes of existing clients may occur.

Auditor’s interviews with Program Director and Case Managers found that housing decisions are based on the results of the risk screening instrument and compatibility factors of the residents. Work, programming, and education takes place off-site. If the screening results in a high risk for victimization, property controls would be implemented collaboratively and with input from the Federal Bureau of Prisons to manage the safety of the resident while ensuring access to work, programming, and educational needs are met.

115.242 (c): Delaware Residential Re-entry Center houses both male and female residents. A transgender or intersex resident may be assigned to this facility but there is no documented history of this occurring within the audit period.

115.242 (d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, transgender and intersex residents’ own views with respect to his or her safety shall be given serious consideration in housing assignments and individualized determinations are made on a case by case basis about how to ensure the safety of all residents. There is no documented history of a transgender/intersex resident being housed at the facility within the audit period.

115.242 (e): As per CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, transgender and intersex residents are given the opportunity to shower separately from other residents.

115.242 (f): As per CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, lesbian, gay, bisexual, transgender, and intersex residents shall not be placed in a dedicated facility or unit solely based on their identification status. Auditor’s observation during the onsite visit reveal there are no dedicated units or wings for transgender, intersex, lesbian, gay, or bisexual residents. Male housing is separated from female housing by a locked door, although all residents are allowed to intermingle in common areas.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, resident case files and screening records triangulated with interviews conducted with designated staff, random and targeted residents, Program Director, and PREA Coordinator and personal observations conclude Delaware Residential Re-entry Center meets all provisions of this standard.
REPORTING

Standard 115.251: Resident reporting

115.251 (a)

▪ Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

▪ Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

▪ 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 ☐ No

115.251 (b)

▪ 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 ☐ No

▪ Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

▪ Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

▪ Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

▪ Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

▪ Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
115.251 (a): Through CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, the Agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about 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. These ways include reporting verbally, or in writing to any staff member; anonymously by telephone or using the Suggestion/Complaint Box. The victim or a third party may make the complaint. Residents may contact the PREA Coordinator directly at 860-683-7100.

115.251 (b): Residents are provided outside contact information on the PREA brochure for Contact LifeLine, Inc. at P.O. Box 9525, Wilmington, DE 19809, office/302-761-9100 or Hotline/800-262-9800; National Sexual Assault Hotline: 1-800-656-4673; or RAINN: www.rainn.org. Residents may also report sexual abuse or sexual harassment to law enforcement directly by dialing 911. For purposes of confidentiality, residents are considered community-based citizens and are afforded the right to confidentiality through used of any of these services; facility officials will be notified if the resident consents.

Residents interviewed confirmed wide knowledge of the variety of ways a resident may report a sexual abuse or sexual harassment allegation, although most all of them said that they would tell a staff member or the Program Director.

115.251 (c): Staff must notify the Program Director, Duty Officer or PREA Coordinator as soon as possible, but no later than the end of their scheduled shift. An Incident Report must be submitted by the end of the employee’s scheduled shift.

Staff interviewed confirmed knowledge of mandatory and immediate reporting once they become aware of an allegation of sexual abuse or sexual harassment and then followed up with a written report. All staff interviewed conveyed that reports will be accepted verbally, in writing, anonymously, and from third parties.

115.251 (d): Provisions are included in CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, for staff to privately report sexual abuse and sexual harassment of residents. Methods of reporting shall include in-person, phone, mail, email, fax or any means by which the staff person feels comfortable in reporting to supervisory level staff or to the PREA Coordinator. Staff are expected to report any knowledge or suspicion of abuse or misconduct. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted. Care will be taken so that unauthorized people are not privy to the information. Generally, entries are not made in the Program Log unless specifically directed by the Program Director. Staff may notify any of the designees as stated in provision (c).

Staff’s and resident’s interviews indicated that the reporting procedures have been well delivered. All persons interviewed were able to articulate multiple ways to ensure an allegation is reported. Auditor’s analysis of the sexual harassment investigation case file revealed that the report was received from a 3rd party source by a staff member and then responded to immediately.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, the investigation case file, triangulated with interviews conducted with staff, random and targeted residents, Program Director, and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard.
## Standard 115.252: Exhaustion of administrative remedies

### 115.252 (a)
- 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. ☒ Yes ☐ No

### 115.252 (b)
- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.252 (c)
- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.252 (d)
- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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 115.252(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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

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.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.252 (a): The agency has an administrative remedies process to address sexual abuse and this is outlined in CSIP 20-28, AWR-Grievance Procedures.

115.252 (b): Standard grievance timeframes of 5 days do not apply to complaints of sexual abuse. Sexual abuse claims can be reported at any time regardless of when the event is alleged to have occurred. Community Solutions, Inc. shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

115.252 (c): A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. As well, the grievance will not be referred to the staff member who is the subject of the complaint.

115.252 (d): The PREA Coordinator will coordinate the investigation into the client’s grievance regarding sexual abuse. This may mean contacting the authorities to engage in a criminal investigation. The Human Resources Manager and other pertinent Community Solutions, Inc. administrative staff will further explore from an administrative point the client’s grievance. A final decision on such cases must be issued within 90 days of such filing. Computation of the 90-day period shall not include time consumed by residents preparing any administrative appeal. The agency may claim an extension of up to 70 days if the normal timeframe is insufficient to make an appropriate decision. The agency must notify the resident in writing of any extension and provide a date by which the decision will be made.

115.252 (e): Third parties (i.e., attorneys, family members, etc.) shall be permitted to assist or file such requests on behalf of a resident. If the resident declines to have the request processed on his/her behalf, the agency shall document the resident’s decision. In an effort, to assist third parties in their ability to report on behalf of a resident, Community Solutions, Inc. reporting contact information and available means of reporting shall be posted on its website. Persons interested in reporting acts of sexual abuse and/or harassment may do so via phone, fax, mail or email.
115.252 (f): An emergency grievance can be filed alleging a client is in substantial risk of imminent sexual abuse. These grievances require an initial response to occur within 48 hours and a final agency decision with 5 days. The initial response and final decision shall document Community Solutions, Inc.’s determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.252 (g): Community Solutions, Inc. may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the client filed the grievance in bad faith. The agency reports no disciplinary action has been taken against a client in the past 12 months for filing a grievance in bad faith.

Residents interviewed indicated they were aware there is a grievance process, knew how to access it, and generally understood how it works, although none had filed a grievance. Residents conveyed that staff are so responsive to any problems that are brought to their attention, it prevents the need to file a grievance. Staff interviewed also had the same awareness of the grievance process and said that they had not received any to process. The grievance log revealed there were none of any kind filed in the past 12 months. Interview with Program Director and PREA Coordinator confirmed this and PREA Coordinator provided a written statement to this fact.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, triangulated with interviews conducted with staff, residents, Program Director, and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.253: Resident access to outside confidential support services**

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes  ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes  ☐ No

115.253 (b)

- 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  ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes  ☐ No
• Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.253 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, whether the victim does or does not want to file a criminal complaint or provide information to the investigator, the Program Director assures local resources for medical, mental health and victim advocate support are made available at no expense to the client. Residents are provided with numbers and addresses for victim advocate services along with toll free rape crisis hotline numbers at the time of intake. In addition, this same information is posted throughout the facility in an accessible manner.

Residents may communicate with these organizations and agencies in a confidential manner as resident phone calls are not monitored or recorded. Policy review and interviews with staff and residents confirms that calls are not monitored or recorded.

115.253 (b): Residents may communicate with these organizations and agencies in a confidential manner as resident phone calls are not monitored or recorded. Policy review and interviews with staff and residents confirms collectively their knowledge that calls are not monitored or recorded. Posters throughout the facility remind residents that any method used to make a report of sexual abuse or sexual harassment will be kept confidential.

115.253 (c): Delaware Residential Re-entry Center maintains an MOU with Christiana Care through Wilmington Hospital to provide residents with confidential emotional support services related to sexual abuse when the event occurs and through the forensic exam. Christiana Care may be accessed in person or by mail at 501 West 14th St., Wilmington, DE 19899, or by phone at 302-428-2100. Aftercare emotional support services will be arranged by the facility through community service providers at the request of the resident or the resident may access services directly by contacting the Contact LifeLine, Inc. by mail at P.O. Box Wilmington, DE 19809, or by phone at 302-761-9100 or through the Hotline at 800-262-9800. These service providers do not require an MOU as the residents are considered community members and have direct access.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, triangulated with interviews conducted with staff, residents, Program Director, and PREA Coordinator along with personal observations conclude Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.254: Third-party reporting

115.254 (a)
- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

115.254 (a): In accordance with CSIP 20-29, *Sexual Assault – Harassment – PREA Compliance*, any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and facsimile numbers are available publicly on Community Solutions, Inc.’s website. Auditor’s review of the public website concludes this information is posted as indicated. The one sexual abuse allegation reported during the audit period was received by a 3rd party source. Case file review by auditor indicated protocols were initiated promptly thoroughly.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy and agency website information, triangulated with interviews conducted with staff, residents, Program Director, and PREA Coordinator, along with personal observations, conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

Standard 115.261: Staff and agency reporting duties

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)
Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.261 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, staff are expected to report any knowledge or suspicion of abuse or misconduct. The first staff member to become aware of or respond to the reported allegation is required to make notification to either the Program Director or the Duty Officer, as appropriate. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted. As per CSIP 20-04, Confidentiality, staff members who have reasonable cause to suspect or believe clients have or are victims of abuse or neglect, regardless of social/psychological or physical limitations shall have the affirmative obligation of reporting this immediately to the Program Director and to the appropriate state agency as outlined in State General Statutes.

Directed by Personnel Rules 2.5.8, Relations with Clients, employees who have any knowledge or suspicion of inappropriate relations amongst staff and clients or contractors, volunteers, interns with
clients are obligated to report such information even if it is thought to be a rumor. Failure to report to a next level supervisor will result in disciplinary action. Personnel Rules 2.5.16, Reporting Incidents, any staff person possessing any information related to sexual or inappropriate relationships between two clients, staff & client or contractor / volunteer / intern and client must report this knowledge to their supervisor. Failure to disclose such information will result in disciplinary action.

Personnel Rule 2.5.2, Reporting Information provides that staff are expected to report any knowledge or suspicion of sexual harassment, abuse or other inappropriate relations as outlined in Community Solutions, Inc.’s Codes of Ethics. Failure to report such information even when thought to be a rumor will lead to disciplinary action. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.261 (b): In accordance with CSIP 20-04, Confidentiality, for programs serving Federal Bureau of Prisons clients, staff shall not have access to non-public resident information without background clearance. Additionally, staff members/consultants will maintain the confidentiality of sensitive personal information disclosed to them by clients. If the information reveals a past or proposed rule or law violation or if it leads the staff member to believe that any client’s progress or welfare is in jeopardy or that the safety, security, and orderly operation of the program is in jeopardy, the staff member will communicate the information to the Program Director and any other appropriate personnel.

115.261 (c): No medical or mental health practitioners are employed by Community Solutions, Inc. Per interview with PREA Coordinator, licensed medical or mental health practitioners would be required to report sexual abuse according to their policy if employed by the agency. Although this provision is technically not-applicable, auditor finds agency compliant.

115.261 (d): As per CSIP 20-04, Confidentiality, staff members who have reasonable cause to suspect or believe clients have or are victims of abuse or neglect, regardless of social/psychological or physical limitations shall have the affirmative obligation of reporting this immediately to the Program Director and to the appropriate state agency as outlined in State General Statutes. State Mandatory Reporting Laws apply. Orientation and PREA training outlines the vulnerable adult statute and interviews indicated staff are aware of their responsibilities surrounding the mandatory reporting laws.

115.261 (e): All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are forwarded promptly to the agency investigator. The agency PREA Coordinator is the designated administrative investigator and receives a report of all allegations reported at the facility.

Auditor’s interviews with Program Director and PREA Coordinator finds that Community Solutions, Inc. takes abuse and harassment of all kind very seriously. Staff interviews support this claim in that every person interviewed explained the consequences of not reporting an allegation up the chain and immediately. It was evident that the agency takes a strong stance against any form of abuse, harassment, or retaliation. Staff conveyed that confidentiality is paramount with any type of investigation and that information is to be shared only in the course of the official investigation.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, triangulated with interviews conducted with staff, residents, Program Director, and PREA Coordinator along with personal observations conclude Delaware Residential Re-entry Center meets all provisions of this standard.
Standard 115.262: Agency protection duties

115.262 (a)

- 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  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.262 (a): As per CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, should the assessment/planning process or at any other circumstances indicate that a resident is subject to substantial risk of imminent sexual abuse, immediate action shall be taken by the staff who becomes aware in collaboration with the Program Director. The first step is to separate the residents in question, keeping them from interacting. Supervision would need to be increased. And, the referral source will be immediately contacted to discuss the transfer of one or both clients.

The facility reports there have been no incidents where a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. Staff interviewed conveyed a clear understanding that the safety of an offender who is at risk of imminent abuse is paramount and that until the resident can be placed in a safe location then the staff is to keep the resident with them at all times until safety can be guaranteed.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, triangulated with interviews conducted with staff, Program Director, and PREA Coordinator on behalf of the CEO, along with personal observations conclude Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

- 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  ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes  ☐ No
115.263 (c)

▪ Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

▪ Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.263 (a)(b)(c): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, PREA, upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the Federal Bureau of Prisons (if applicable) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification.

115.263 (d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, should a report of a resident being sexually abused while confined at another facility be received, the Program Director will notify the PREA Coordinator/Investigator according to standard protocols and the allegation will be investigated promptly, thoroughly, and objectively, including those received from 3rd party sources.

The facility reports there have been no allegations received that a resident was abused at another facility and there have been no allegations received from another facility that a resident was abused at this facility. Program Director indicated during interview with auditor that no allegation of a resident being sexual abused while confined at another facility has been reported but was knowledgeable about the responsibility and requirement should one be received.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, triangulated with interviews conducted with Program Director, and PREA Coordinator on behalf of the CEO, conclude Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.264: Staff first responder duties

115.264 (a)

▪ 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 ☐ No
• 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 ☐ No

• 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 ☐ No

• 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 ☐ No

115.264 (b)

• If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

115.264 (a)(b): Agency policy CSIP 20-29, Sexual Assault – Harassment – PREA Compliance is established to include first responder duties for allegations of sexual abuse. The policy requires that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) secure any crime scene until steps can be taken to collect any evidence; 3) if the abuse occurred within a time period that still allows for the collection of physical evidence, the responder is 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; 4) if the first responder is not a security staff member, such as a volunteer or intern (contractors would always be escorted by a staff), the responder would as well be required to request that the alleged victim not take any actions that could destroy physical evidence then notify security staff; 5) Program Director and/or Duty Officer is notified.

The facility reports there have been no allegations of sexual abuse in the past 12 months. Delaware Residential Re-entry Center has no security staff, all staff are considered non-security. All staff are
trained on first responder duties and all staff interviewed were well educated on their responsibilities, to include evidence protocols.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy, triangulated with interviews conducted with staff, Program Director, and PREA Coordinator, conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.265: Coordinated response**

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

115.265 (a): The facility has a written institutional coordinated response plan titled *Sexual Abuse Incident Coordinated Response Plan* to be used as a guide and for documenting date, time, and person completing response actions. The Plan lists step by step instructions of required actions to take, who to call, and the phone numbers, to include hospital, law enforcement, and victim advocate.

Auditor’s review of the *Coordinated Response Plan* found that it is comprehensive and easy to follow. Staff interviewed conveyed the same steps that are required of the Plan and were aware they are to use the form as a checklist if they receive an allegation of sexual abuse. Community service providers are to be used for medical and mental health services as there are none on staff. Federal Bureau of Prisons receives an initial notification and then becomes a collaborator in coordinating additional response actions.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy and the coordinated response plan, triangulated with interviews conducted with staff, Program Director, and PREA Coordinator, conclude Delaware Residential Re-entry Center meets all provisions of this standard.

**Standard 115.266: Preservation of ability to protect residents from contact with abusers**

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining
agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.266 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, Community Solutions, Inc. shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Personnel Rule 2.9.5 directs neither Community Solutions, Inc. nor any other governmental entity responsible for collective bargaining on Community Solutions, Inc.’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits Community Solutions, Inc.’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The agency reports they have no collective bargaining agreements, confirmed during interview with CEO’s designee.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy and contractual agreements, triangulated with interview conducted with PREA Coordinator on behalf of the CEO, conclude Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.267: Agency protection against retaliation

115.267 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting
sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)
- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
  ☒ Yes  ☐ No

 Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.267 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, clients and staff who report instances of sexual abuse or harassment shall do so without fear of reprisal or retaliation. Community Solutions, Inc. shall take measures to monitor means of retaliation against those who have reported or cooperated with sexual abuse or sexual harassment investigations. The PREA Coordinator maintains responsibility for monitoring instances of retaliation.

115.267 (b): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, Community Solutions, Inc. shall take into consideration scenarios that may allow for retaliation. Areas of consideration may include transfer of programs or work environment. Every attempt shall be made to reduce and/or eliminate contact between the abused and abuser or the person reporting an incident the alleged abuser.

115.267 (c)(d)(e): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, for at least 90 days following a report of sexual abuse, the PREA Coordinator shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and or residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond the 90-day period if monitoring has suggested a continuing need.

Monitoring shall include ensuring staff and client are free from retaliation for reports of sexual harassment/abuse. If an individual who cooperates with the investigation expresses fear of retaliation shall take appropriate measures to protect against retaliation. Monitoring will occur for at least 90 days post claim and will include periodic status checks. Monitoring will terminate if the allegations is found to be unsubstantiated. Monitoring will include: Recent discipline reports, housing changes, periodic status checks, program changes, negative case notes or progress reports, staff reassignments, negative performance reviews.

There has been no allegation of sexual abuse reported in the past 12 months but there has been one reported and substantiated sexual harassment allegation. Auditor’s review of the investigation case file and the resident’s case notes, retaliation monitoring is being conducted in accordance with this standard. The facility reports there have been no incidents of retaliation reported by staff or residents in the past 12 months. According to agency policy and interviews with all levels of staff, Community Solutions, Inc. has a zero tolerance for retaliation.
Auditor’s analysis and evaluation of the information obtained from review of related agency policy and investigation case file, triangulated with interviews conducted with targeted resident, PREA Coordinator, and Program Director, conclude Delaware Residential Re-entry Center meets all provisions of this standard. In addition, the standard does not require retaliation monitoring on sexual harassment cases, therefore, based on documented facility monitoring for retaliation with the case mentioned above, Delaware Residential Re-entry Center exceeds this standard.

### INVESTIGATIONS

**Standard 115.271: Criminal and administrative agency investigations**

**115.271 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a.)) ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a.)) ☒ Yes ☐ No ☐ NA

**115.271 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

**115.271 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

**115.271 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☐ Yes ☒ No

**115.271 (e)**
- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?  
  ☒ Yes ☐ No

- 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 ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  ☐ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  ☒ Yes ☐ No

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  ☒ Yes ☐ No

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation?  (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.271 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, the PREA Coordinator, as the designated investigator, shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.

115.271 (b): The PREA Coordinator is the designated investigator and evidence as been provided to auditor that specialized training has been completed. For further information see standard 115.234. The

115.271 (c): The Agency investigator will gather and preserve direct and circumstantial evidence, including any available physical evidence and any available electronic monitoring data. DNA evidence will be collected and preserved by law enforcement. Interviews will be conducted by the Agency investigator and prior reports and complaints of sexual abuse involving the suspected perpetrator will be reviewed. If upon initial inquiry the allegation appears to be criminal in nature, the Agency investigator will immediately report the incident to law enforcement for further investigation.

115.271 (d): Community Solutions, Inc. conducts no compelled interviews.

115.271 (e): Personnel Rule 2.5.9, Investigations in Relation to PREA Standards, the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. Community Solutions, Inc. shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

115.271 (f): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident.

115.271 (g): Where there is a belief that a criminal act may have taken place, the Program Director or Duty Officer directs the notification of law enforcement for criminal investigation. The PREA Coordinator will be the point of contact with the investigating agency. Personnel Rule 2.5.9 directs Community Solutions, Inc., with its best effort, will obtain any documented written reports that contain a thorough description of physical, testimonial, and documentary evidence.

115.271 (h): Any substantiated allegations of conduct that appears to be criminal will be referred, as appropriate, by the law enforcement official in charge of the investigation in collaboration with Federal Bureau of Prisons.

115.271 (i): In accordance with Personnel Rules 2.7.2, Contents of Personnel Files, any written reports generated from an administrative or criminal investigation regarding an alleged claim of sexual harassment/abuse are maintained for as long as the alleged abuser is incarcerated or employed by Community Solutions, Inc., plus five (5) years.
115.271 (j): Personnel Rule 2.5.9 directs the departure of the alleged abuser or victim from the employment or control of Community Solutions, Inc. shall not provide a basis for terminating an investigation.

115.271 (l): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, facility staff shall cooperate with and assist with any request made by law enforcement during a criminal investigation. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation. In accordance with Personnel Rule 2.5.9, Community Solutions, Inc. will request that all relevant information be provided to Community Solutions, Inc. from the investigative agency so that the alleged victim can be informed of the results of the investigation.

The facility reports there were no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. There have been no allegations of sexual abuse, however, there was one allegation of sexual harassment within the audit period. Auditor reviewed the one investigation case file and found the investigation began the day of receiving the 3rd party allegation and concluded within 24 hours with a substantiated finding. The investigation was conducted impartially and thoroughly by the agency designated investigator who has received specialized training as explained in 115.234 narrative. Witness statements were the only evidence obtainable for this allegation and were obtained by the investigator. In this investigation, no compelled interviews were necessary, and the case was not criminal warranting no consultation with external law enforcement or prosecutors. The administrative investigation found no staff actions or failures contributed to the incident. A written incident report captured a thorough description of the evidence used to conclude the finding.

As there has been no sexual abuse allegation reported there was no documentation other than agency policy review and reliance on the interview with PREA Coordinator/Agency Investigator.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy and investigation case file, triangulated with interviews conducted with targeted resident, PREA Coordinator, and Program Director, conclude Delaware Residential Re-entry Center meets all provisions of this standard

**Standard 115.272: Evidentiary standard for administrative investigations**

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
Does Not Meet Standard  
(Requires Corrective Action)

115.272 (a): The facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated as per CSIP 20-29, Sexual Assault – Harassment – PREA Compliance. PREA Coordinator/Agency Investigator explained steps in determining the outcome of an investigation which is consistent with the definition of preponderance of evidence. Auditor’s review of the one allegation investigation case file indicated preponderance of evidence for a substantiated finding.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy and investigation case file, triangulated with interview conducted with PREA Coordinator, conclude Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in the agency’s 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 ☐ No ☐ NA

115.273 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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  ☐ No

115.273 (d)

- 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  ☐ No

- 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  ☐ No

115.273 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.273 (a): In accordance with *CSIP 20-29, Sexual Assault – Harassment – PREA Compliance*, it is the policy of Community Solutions, Inc. that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim.

Auditor’s review of the one (1) sexual harassment case file revealed that the resident was notified by the PREA Coordinator that the allegation had been substantiated. While the standard only requires this notification with sexual abuse cases, the facility action is above and beyond provision requirement.

115.273 (b): Community Solutions, Inc. will request that all relevant information be provided to Community Solutions, Inc. from the investigative agency so that the alleged victim can be informed of the results of the investigation. There is no applicable case for review of documents.

115.273 (c)(d): Clients who have alleged sexual harassment or assault will be notified of the following, unless the allegation was determined to be unfounded: 1) the staff member is no longer posted in the facility; 2) the staff member is no longer employed at the facility; 3) Community Solutions, Inc. learns that the staff member or client has been indicted on a charge and/or convicted related to sexual harassment and sexual abuse. There is no applicable case for review of documents.
115.273 (e): All such notifications or attempted notifications shall be documented. All victim notifications will be documented in an incident report. Community Solutions, Inc.’s responsibility to notify alleged victims shall terminate if the client is no longer a Community Solutions, Inc. client. There is no applicable case for review of documents.

Auditor’s reliance for finding compliance with this standard is based on analysis and evaluation of the information obtained from review of related agency policy, triangulated with interview conducted with PREA Coordinator. The investigation case file reviewed was a resident-resident sexual harassment and several provisions of this were not applicable, nor required. Auditor finds Delaware Residential Re-entry Center meets all provisions of this standard.
DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes  ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes  ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.276 (a)(b): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance and Personnel Rules 2.9.2 Disciplinary Procedures any staff member found in violation of sexual assault will be terminated immediately; Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination. Anyone engaging in sexual abuse or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment and/or prosecution to the fullest extent of the law. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
115.276 (c): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination. As per Personnel Rules 2.9.2 Disciplinary Procedures, unless the specific circumstances or the serious nature of a violation warrants otherwise (i.e. sexual assault), disciplinary measures imposed will be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

115.276 (d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, and Personnel Rules 2.9.2 Disciplinary Procedures, any staff member found to be guilty of sexual assault will be reported to law enforcement, regardless if the staff member resigns. These terminations shall be reported to law enforcement, unless the activity was clearly not criminal. Terminations due to sexual harassment or resignations by staff that would have been terminated are also referred to law enforcement, unless the activity was clearly not criminal.

The facility reports there have been no staff from the facility who have violated the agency sexual abuse or sexual harassment policies in the past 12 months.

Auditor’s reliance for finding compliance with this standard is based on analysis and evaluation of the information obtained from review of related agency policy, triangulated with interview conducted with PREA Coordinator. Auditor finds Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

115.277 (a)(b): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, Section Corrective Action for Contractors and Volunteers, any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. Community Solutions, Inc. shall discontinue the services of Contractors, Volunteers or Interns who have engaged in sexual abuse and/or harassment. Appropriate remedial measures up to and including termination of services will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents.

Personnel Rules 2.11.6 Volunteer/Intern Services, Discontinuation of Service, provides that Community Solutions, Inc. has the right to postpone, curtail, or discontinue the services of a volunteer/intern for due cause. Due cause is shown where the volunteer/intern has been known to engage in sexual abuse or harassment. Upon notice, Community Solutions, Inc. shall prohibit further contact with residents. As well, should the alleged act present as criminal in nature a criminal investigation shall be pursued. Community Solutions, Inc. shall report any sexual harassment or sexual abuse to law enforcement and licensing bodies as required.

The facility reports there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents in the past 12 months based on absence of allegations.

Auditor’s reliance for finding compliance with this standard is based on analysis and evaluation of the information obtained from review of related agency policy, triangulated with interview conducted with PREA Coordinator. Auditor finds Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

- 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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are 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 ☐ No

115.278 (c)
- 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  ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes  ☐ No

115.278 (e)

- 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  ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes  ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between 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  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.278 (a)(b): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, Disciplinary Sanctions for Residents, residents will be subject to disciplinary sanctions or remanded back to the Federal Bureau of Prisons following an administrative finding that the resident engaged in sexual assault, sexual abuse or sexual harassment of another resident. Any resident criminally charged will be remanded.

115.278 (c): Disciplinary sanctions are commensurate with those dictated by Federal Bureau of Prisons. The disciplinary process takes into consideration the resident’s mental disabilities or mental illness and if this contributed to the behavior.
115.278 (d): The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. These services will be scheduled and provided by a community service provider.

115.278 (e): The Agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

115.278 (f): No person will be disciplined for making an allegation in good faith, even if the allegation is deemed to be unsubstantiated or unfounded.

115.278 (g): The Agency prohibits all sexual activity between residents.

The facility reports there have been no administrative findings of resident-on-resident sexual abuse that have occurred at the facility nor any criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility within the past 12 months.

One resident-on-on-resident sexual harassment allegation was reported in the audit period and the administrative investigation deemed substantiated. The Program Director coordinated with the Federal Bureau of Prisons to remove the resident perpetrator from the facility to be placed in alternate housing.

Auditor’s reliance for finding compliance with this standard is based on analysis and evaluation of the information obtained from review of related agency policy and actions taken by the agency on the sexual harassment case referenced in the narrative, triangulated with interview conducted with PREA Coordinator. Auditor finds Delaware Residential Re-entry Center meets all provisions of this standard.

**MEDICAL AND MENTAL CARE**

**Standard 115.282: Access to emergency medical and mental health services**

115.282 (a)

- 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 ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)
115.282 (d)

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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.282 (a-d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Community Solutions, Inc. employs no medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff. Information about and timely access to emergency contraception and sexually transmitted infections prophylaxis will be provided by the Christiana Care group at Wilmington Hospital or other similar medical service providers.

Auditor’s reliance for finding compliance with this standard is based on analysis and evaluation of the information obtained from review of related agency policy, triangulated with interview conducted with PREA Coordinator. Auditor finds Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

115.283 (a)

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 ☐ No

115.283 (b)
- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☒ Yes ☐ No ☐ NA

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
**Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

**Does Not Meet Standard** *(Requires Corrective Action)*

115.283 (a-g): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, continued medical and mental health treatment for victims and abusers will be provided by local medical facilities and through community service providers as deemed appropriate at no cost to the resident(s). None of the services required in this standard are available in house by Community Solutions, Inc., however, the resident’s Case Manager and the Program Director will ensure that access to these resources are made available to the resident.

Auditor’s review of the sexual harassment allegation resident file found documentation that the resident was offered a referral to a community-based treatment provider for an assessment which was declined by the resident.

115.283 (h): Once Community Solutions, Inc. learns of an abuse history with a resident, a mental health referral and treatment referral will be part of the treatment plan and offered to the resident to be delivered by community service providers.

There have been no qualifying allegations for documentation review. Auditor’s reliance for finding compliance with this standard is based on analysis and evaluation of the information obtained from review of related agency policy, triangulated with interview conducted with PREA Coordinator. Auditor finds Delaware Residential Re-entry Center meets all provisions of this standard.
DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

■ Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

■ Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

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

115.286 (d)

■ Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

■ Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

■ Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

■ Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

■ Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

■ Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No
115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes  ☐ No

**Auditor Overall Compliance Determination**

☒ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

115.286 (a)(b): In accordance with *CSIP 20-29 Sexual Assault – Harassment – PREA Compliance*, the PREA Coordinator, in consultation with the Incident Review Team, will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.

115.286 (c): The incident review team consists of the CEO, COO, HR Manager, PREA Coordinator, Area Director and other pertinent individuals as determined by the incident.

115.286 (d): In accordance with *CSIP 20-29 Sexual Assault – Harassment – PREA Compliance*, the Incident Review Team shall 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 was motivated or otherwise caused by a group of dynamics at the facility. The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment. Based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team.

115.286 (e): In accordance with *CSIP 20-29 Sexual Assault – Harassment – PREA Compliance*, the Incident Review Team will prepare a report of its findings and recommendations for improvement based on the review and examination discussed in provision (d) above on the standardized PREA Incident Review Form. This form includes the Incident Location, Incident Date, and Date of Incident Review along with information related to all elements reviewed as identified in provision (d). The Corrective Action Plan lists the area of need, action taken, who is responsible for taking action, and completion date. All Incident Review participants sign and date the form then it is submitted to the Program Director.

The facility reports there have been no criminal and/or administrative investigations of alleged sexual abuse completed at the facility. However, an Incident Review Reports was completed on the sexual harassment allegation that occurred within the audit period. available for review. The incident review was conducted six (6) days after conclusion of the investigation and included a review of all elements delineated in provision (d) above. Corrective action was recommended and completed within 45 days from the date of the report.
Auditor’s analysis and evaluation of the information obtained from review of related agency policy and Incident Review Report, triangulated with interviews with Program Director and PREA Coordinator conclude Delaware Residential Re-entry Center meets all provisions of this standard. Documented evidence of an Incident Review for an allegation of sexual harassment is above and beyond the expectation of the standard, therefore, Delaware Residential Re-entry Center is found to exceed this standard.

**Standard 115.287: Data collection**

115.287 (a)
- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes  ☐ No

115.287 (b)
- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes  ☐ No

115.287 (c)
- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes  ☐ No

115.287 (d)
- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes  ☐ No

115.287 (e)
- 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  ☐ No  ☒ NA

115.287 (f)
- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes  ☐ No  ☒ NA

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
☐ Does Not Meet Standard *(Requires Corrective Action)*

115.287 (a-f): In accordance with *CSIP 20-29 Sexual Assault – Harassment – PREA Compliance*, Community Solutions, Inc. shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency as a whole. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report: a) on each alleged report, creating a total number of reports and their outcome; b) type of alleged harassment/abuse occurred and if it was client on client, client on staff, staff on client, staff on staff; c) type of client- originating referral source; d) type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct; e) disposition of allegation; f) contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics.

Auditor reviewed the PREA Data Collection Workbooks 2017, 2018 and 2019 and found agency is consistently collecting accurate, uniform data as required by provisions of this standard. Data is available by facility and in aggregate. The report will answer all questions from the SSV however, this agency is not required to complete the SSV for the DOJ.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy and review of the prior three (3) years individual and aggregate data, triangulated with information obtained from PREA Coordinator interview conclude Delaware Residential Re-entry Center meets all provisions of this standard.

### Standard 115.288: Data review for corrective action

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? ☒ Yes ☐ No
115.288 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

115.288 (a): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, sexual abuse/sexual harassment data shall be aggregated and presented in an annual report. Data is monitored by the PREA Coordinator regularly in order to assess and improve the effectiveness of the agency’s PREA program and where corrective action, when necessary, is implemented promptly.

115.288 (b): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, the facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year’s data with those of previous years and shall provide an assessment of the facility’s progress in addressing sexual abuse.

Auditor reviewed the agency annual report for years 2016, 2017, and 2018 and it contained all information required by this standard. The 3-year comparison data is provided in a supplemental report.

115.288 (c): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, the annual report shall be approved by the CEO and shall be made readily available to the public through its website or other means upon request. Auditor viewed the 2018 Annual Report on the agency’s public website and the supplemental report depicting the most recent 3-year comparison data.

115.288 (d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, has no redacted information in the published annual report and the report contains no information that would present a clear and specific threat to the safety and security of the facility.

Auditor’s analysis and evaluation of the information obtained from review of related agency policy and review of the agency’s annual reports, triangulated with information obtained from PREA Coordinator interview conclude Delaware Residential Re-entry Center meets all provisions of this standard.

Standard 115.289: Data storage, publication, and destruction
115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
  ☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?
  ☒ Yes ☐ No

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?
  ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

115.289 (a-d): In accordance with CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, Community Solutions, Inc. shall collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall 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. Prior to making the data public, all personal identifiers shall be redacted. Records will be maintained for at least 10 years after the date of initial collection.

Interview with PREA Coordinator finds that the data and records of all incidents are maintained in a database on a secure server with restricted access. The PREA Coordinator controls user access and issues to those with a need to know only.

Auditor’s reliance for finding compliance with this standard is based on analysis and evaluation of the information obtained from review of related agency policy, triangulated with interview conducted with PREA Coordinator. Auditor finds Community Solutions, Inc. and Delaware Residential Re-entry Center meets all provisions of this standard.
# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? *(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)* ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? *(Note: a “no” response does not impact overall compliance with this standard.)* ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? *(N/A if this is not the second year of the current audit cycle.)* ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? *(N/A if this is not the third year of the current audit cycle.)* ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

As per CSIP 20-29, Sexual Assault – Harassment – PREA Compliance, audits will be scheduled every 3-years and will follow Department of Justice Community Confinement Standards 115.401-405. Auditor’s review of the agency website finds nine (9) locations that require PREA audits and an initial audit was posted for each of these facilities. We are currently in year 3 of cycle 2 and all facilities have had their audit conducted but some are still pending issuance of the report.

**Standard 115.403: Audit contents and findings**

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Auditor’s review of the agency website finds nine (9) locations that require PREA audits and an initial audit was posted for each of these facilities. Three audits, including this audit for Delaware Residential Re-Entry Center, are outstanding as the agency is waiting for the final reports to be published according to interview with PREA Coordinator. Triangulation of information obtained from data reviewed on agency website and interview with PREA Coordinator, auditor finds Community Solutions, Inc. and Delaware Residential Re-Entry Center compliant with requirements of this standard.
AUDITOR CERTIFICATION

I certify that:

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

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

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Sharon R. Shaver \ September 27, 2019
Auditor Signature Date