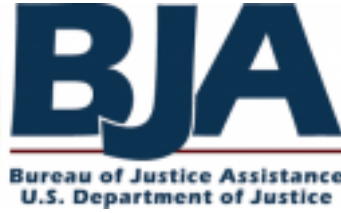


PREA AUDIT REPORT INTERIM FINAL

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
Auditor name: E. Richard Bazzle			
Address: 11820 Parklawn Derive, Suite 240, Rockville, MD 20852			
Email: richard.bazzle@nakamotogroup.com			
Telephone number: 864-941-0383			
Date of facility visit: March 1-3, 2016			
Facility Information			
Facility name: Volunteers of America-Northern Rockies- Booth Hall			
Facility physical address: 1299 Raymond, Gillette, WY 82718			
Facility mailing address: (if different from above) PO Box 1346, Gillette, WY 82717			
Facility telephone number: 307-682-8505			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Penny R. Hawk			
Number of staff assigned to the facility in the last 12 months: 33			
Designed facility capacity: 148			
Current population of facility: 114			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 20-65			
Name of PREA Compliance Manager: Krista Thumma		Title: Assistant Director	
Email address: kthumma@voanr.org		Telephone number: 307-682-8505	
Agency Information			
Name of agency: Volunteers of America-Northern Rockies			
Governing authority or parent agency: (if applicable)			
Physical address: 1876 S. Sheridan Ave., Sheridan, WY 82801			
Mailing address: (if different from above)			
Telephone number: 307-672-0475			
Agency Chief Executive Officer			
Name: Jeff Holsinger		Title: Chief Executive Officer	
Email address: jholsinger@voanr.org		Telephone number: 307-672-0475	
Agency-Wide PREA Coordinator			
Name: Penny R. Hawk		Title: Director	
Email address: phawk@vosnr.org		Telephone number: 307-682-8505	

AUDIT FINDINGS

NARRATIVE

The on-site audit process for the initial Prison Rape Elimination Act (PREA) compliance audit for the Volunteers of America Booth Hall facility began approximately six weeks prior to the arrival of the auditor with the posting of informational notices of the audit for residents and staff. These notices were posted in living units, day-rooms, dining areas, passage ways, meeting and administrative areas. The auditor received the Pre-Audit Questionnaire and an extensive amount of secondary documentation supporting standard compliance three weeks prior to the audit dates of March 1-3, 2016. This information was reviewed concerning its relevance to standard compliance prior to the beginning of the audit.

The on-site audit began with an in-briefing with the facility Director and Assistant Director (PREA Manager). Following the in-briefing, the auditor was given a complete tour of the facility which included all resident housing areas, food service areas, an outlying support building, and administrative and meeting areas. During the tour, observations were made of security features of the facility, staffing and interactions between staff and residents. Informal interviews were conducted during the tour with both staff and residents. It was noted that all staff observed proper protocol when entering resident areas and in speaking to residents.

During the three day audit process, discussions and formal interviews were held with the Chief Operating Officer of the Volunteers of America-Northern Rockies, the facility executive staff, department heads, and security staff. All staff interviewed, both formally and informally, were extremely knowledgeable of their responsibilities relating to PREA.

A total of 12 residents were formally interviewed during the audit. All were informed and knowledgeable concerning the PREA, their right not to be sexually abused or sexually harassed, how to report it if they were, and their right not to be punished if they did so.

DESCRIPTION OF FACILITY CHARACTERISTICS

Located approximately two miles from downtown Gillette, Wyoming, in a heavily industrial area, Booth Hall is a 148 bed adult minimum security co-ed facility currently operating under multiple per-diem contracts with the Federal Bureau of Prisons, the Wyoming Department of Corrections, and several surrounding counties. The average daily population during the audit period was 134. The population on the first day of the audit was 114. The mission of the Volunteers of America-Northern Rockies Booth Hall facility is to compassionately serve and strengthen individuals by empowering them to build healthy and happy lives. The facility is a faith-based organization guided by professional staff and committed volunteers who create strong families and thriving communities through progressive holistic programs by lending a hand up, not a hand out.

The facility is of modular design consisting of two units under the same roof and one outlying support building. There are 20 open dorm housing units (six dorm areas set aside for federal residents, ten dorm areas set aside for Wyoming DOC residents, one dorm area set aside for female residents, and one flex dorm area set aside as a flex dorm area, as population levels dictate).

Staffing and supervision of the facility is appropriate for a minimum security operation in which most of the residents are employed at public jobs in the community. Staff, through direct supervision, were observed during both morning and evening shifts, making physical rounds of areas and monitoring activities within the facility via the 30 camera video monitoring system located at control stations. The video monitoring system is aided by security mirrors in several places to eliminate blind spots. Other staff include administrative personnel, counselors, and a mental health specialist. Medical services (other than basic first aid) and investigations are not conducted by the facility.

SUMMARY OF AUDIT FINDINGS

At the conclusion of the on-site portion of the audit, a meeting was held to discuss the overall audit process with the Assistant Director of Booth Hall and the Chief Operating Officer of Volunteers of America- Northern Rockies. After reviewing the documentation presented prior to the audit in the Pre-Audit Questionnaire, touring and inspecting the facility as it relates to the PREA and interviewing staff and residents, the conclusion indicates compliance with all Prison Rape Elimination Act standards that are applicable to the facility.

Throughout the process, it was evident that the leadership and staff of Booth Hall are committed to a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The facility staff were well informed as to their duties and responsibilities as it relates to PREA.

Number of standards exceeded: 1

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 5

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Booth Hall exceeds the requirements of the zero-tolerance standard with a comprehensive policy and procedures and commitment of staffing and training resources. The Volunteers of America-Northern Rockies has designated an agency PREA Coordinator and a PREA Compliance Manager to ensure adherence to PREA.

Standard 115.212 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NOT APPLICABLE

Booth Hall does not contract with other entities for the confinement of residents.

Standard 115.213 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00, BOP, and WDOC audit reports address this standard. Policy requires the facility to review the staffing plan on an annual basis. Booth Hall provides all the necessary resources to support the programs and procedures to ensure compliance with PREA. During the course of the audit, the video monitoring system was observed, residence's ability to place confidential telephone calls to advocates was examined, and staffing rosters were reviewed. Audit reports of contract clients noted no staffing deficiencies.

Standard 115.215 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. The facility policy does not allow cross-gender strip or frisk searches of residents, except in exigent circumstances. Interviews with staff and review of training records indicated that cross-gender and trans-gender pat search training was received. No exigent cross-gender or trans-gender strip searches occurred during this audit period. Interviews with both staff and residents indicated that residents are always allowed to shower and use the toilet facilities in private, without being viewed by staff of the opposite gender. Residents interviewed stated that staff of the opposite gender always announce their presence prior to entering a resident living area.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. The facility takes necessary steps to ensure residents with disabilities and limited English proficiency have opportunity to participate in and benefit from the facility's effort to prevent, detect and respond to sexual abuse and sexual harassment. Information concerning the PREA is distributed in English and Spanish on postings, in the resident orientation handbook, and orientation video. During interviews with facility staff, they were aware that residents are not allowed to be used as interpreters in dealing with any PREA related matter. Staff have available a translation service through Language Services Associates, if necessary.

Standard 115.217 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 and BH 300.04 address this standard. A review of policies and interviews with the facility Director and Assistant Director indicated that this standard was in compliance. Background checks were completed on all employees, contractors and volunteers, and a tracking system was in place to ensure that background checks were conducted every five years. Applicants for employment with any background of sexual abuse or sexual harassment are not hired. Policy states that material omission or false information submitted by an applicant shall be grounds for termination.

Standard 115.218 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In June 2015, Booth Hall added six additional video cameras to its video monitoring system, as well as adding key staff monitoring capabilities from office computers, iPhones and iPads.

Standard 115.221 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NOT APPLICABLE

Booth Hall does not conduct any form of criminal or administrative sexual abuse investigation. However, policy is in place to ensure, in the event such protocol and forensic medical examinations are required, that all services required by this standard are met.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy states that in the event of an allegation of sexual abuse or sexual harassment, the Wyoming Department of Corrections Investigative Unit or the Campbell County Sheriff's Department shall be contacted to conduct the investigation. The Wyoming Department of Corrections Investigative Unit is currently investigating two allegations of sexual abuse or sexual harassment made during this reporting period.

Standard 115.231 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 and facility training curriculum address this standard. All staff are required to attend and successfully complete PREA training annually. The facility provides much of this training through materials provided by the National PREA Resource Center. The training is tailored to a co-ed residential facility. Training is documented through class rosters and signed statements signifying training received and understanding of the training.

Standard 115.232 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 and facility training curriculum address this standard. All contractors and volunteers are required to attend and successfully complete PREA training annually, as it relates to their responsibilities concerning PREA (zero-tolerance, detection, prevention, and reporting requirements). The facility provides much of this training through materials provided by the National PREA Resource Center. Training is documented through class rosters and signed statements signifying training received and understanding of the training.

Standard 115.233 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 and facility training curriculum address this standard. Residents receive information concerning the facility's zero-tolerance policy regarding sexual misconduct and how to report incidents or suspicion of sexual misconduct during the intake process upon arrival. This information is presented in a format accessible to all residents. The receiving of this information is documented through a signed acknowledgment statement indicating receiving and understanding the information presented. Additional information is contained in the resident handbook and posters located in various areas throughout the facility. Confidential telephone access to an outside victim advocacy agency and mailing addresses and telephone numbers are available. Interviews, formally and informally, with residents indicated an understanding of their rights as it related to PREA.

Standard 115.234 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NOT APPLICABLE

Booth Hall does not conduct any form of criminal or administrative investigations.

Standard 115.235 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH902.00 and training lesson plans address this standard. Training records reviewed and interviews with staff indicated that mental health staff have s received specialized training on victim identification, interviewing, reporting and clinical interventions.

Standard 115.241 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00, Bureau of Prisons, and Wyoming Department of Corrections risk assessment forms address this standards. Interview s with intake staff indicated that all residents admitted to the facility are assessed at intake by receiving staff for their risk of being sexually abused by other residents or being sexually abusive towards other residents. Other relevant information from other facilities is part of this assessment. A resident identified as high risk for sexual victimization or at risk of sexually abusing other residents is referred to a mental health counselor for further assessment. A resident so identified would be assigned to an appropriate housing area with additional supervision. Resident reassessment occurs after 30 days, or sooner if warranted. Dissemination of information from an assessment form or interviews is limited on a need to know basis. Refusal by a resident to answer questions or not disclosing complete information is not grounds for disciplinary action.

Standard 115.242 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00, BOP and WDOC PREA Assessment forms address this standard. Intake staff stated that policy requires the use of screening instruments to determine housing, bed, work and program assignment with the goal of keeping residents at high risk of being sexually abused from residents at high risk of being sexually abusive. Housing and program assignment are determined on a case-by-case basis. The facility had no transgender or intersex residents at the time of the audit; however, if so identified, policy allows their views regarding their own safety to be taken into consideration.

Standard 115.251 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00, resident handbooks and PREA postings address this standard. A review of documentation (including BOP and WDOC PREA policy), the MOU of a private advocacy agency, interviews with staff and residents, and observations of postings indicated that there are multiple ways for residents and staff to report sexual misconduct verbally or in writing, anonymously, or through a third party. Staff are trained to immediately report and document any allegation of sexual misconduct submitted by a resident or information received through a third party.

Standard 115.252 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Residents may file a grievance concerning sexual misconduct without time limit constraints. An informal grievance process is not required to resolve an allegation of sexual misconduct. Policy prohibits the grievance from being referred to a staff member who may be the subject of the complaint. Policy includes time limits for the facility to issue final decision on grievances alleging sexual abuse. Policy allows for a third party to assist or file a grievance for a resident, if the resident agrees. No PREA grievance was filed by a resident of Booth Hall during this audit period.

Standard 115.253 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00, the Resident Handbook, PREA postings and a Memorandum of Understanding (MOU) address this standard. The facility has a Memorandum of Understanding with the Gillette Abuse Refuge Foundation (GARF) to provide confidential support services to residents of Booth Hall. Information is provided to residents on how to place a confidential call to this advocacy organization. Residents also have confidential access to the Wyoming Department of Corrections hot-line, as well as Bureau of Prisons confidential reporting information. Residents interviewed were knowledgeable of how to contact advocates. Residents are allowed to have personal cell phones; therefore these calls are not monitored. Additionally, public telephones are available for use without calls being monitored.

Standard 115.254 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The VOA-NR website and Booth Hall public postings address this standard. Information regarding third party reporting of sexual abuse or sexual harassment on behalf of residents is posted on the VOA-NR website. Additionally, information regarding third party reporting is publicly posted in the facility's visiting area.

Standard 115.261 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Interviews with staff at all levels confirmed that they were acutely aware of their responsibility to immediately report and document any allegation of sexual abuse, harassment, retaliation against individuals who report such incidents, or any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Information relating to a report of sexual abuse is limited to those with a need to know. Policy requires all allegations of sexual misconduct, including third party and anonymous reports, be reported to the Wyoming Department of Corrections Investigative Unit or Campbell County Sheriff's Department for investigation.

Standard 115.262 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. All staff interviewed were knowledgeable of required duty and responsibility to protect a resident if they became aware he/she was at substantial risk of imminent sexual abuse. During interviews, staff described steps to be taken to protect the resident and reporting duties.

Standard 115.263 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy requires the Director of Booth Hall to report and document any PREA related allegation by a resident that occurred at another facility to the head of that facility where the incident occurred as soon as possible, but no later than 72 hours after receiving the allegation. Policy also requires that if the facility receives such information the allegation must be investigated. Booth Hall has not received any such allegations during this audit period.

Standard 115.264 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.02 and training records address this standard. All staff and contractors are trained in the duties of first responders. Staff interviewed were very knowledgeable of their duties as first responders. All personnel are provided with laminated PREA immediate response procedure cards to carry on their person for quick reference. There were no PREA incidents reported requiring first responder duties during this audit period.

Standard 115.265 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Booth Hall PREA Sexual Assault Reporting Procedure addresses this standard. Procedure describes, in detail, the actions to be taken by staff in the event any PREA related incident occurs. Annual training is required of all staff to ensure each is familiar with their duties and responsibilities. Interviews with staff, formally and informally, indicated a clear understanding of their responsibilities relating to a PREA incident.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NOT APPLICABLE

Booth Hall does not enter into collective bargaining.

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Agency policy forbids any type of retaliation against any resident or staff member who has reported an incident of sexual abuse or sexual harassment or who has cooperated with an investigation into such matters. A variety of measures are available to staff to protect residents and provide emotional support to residents or staff who fear retaliation. An interview with the Assistant Director/PREA Manager, who is responsible for monitoring retaliation, stated all possibilities of retaliation are monitored and, at a minimum, a resident or staff member who may have been victimized or reported victimization would be monitored every 15 days for 90 days following the allegation. In the case of a resident, monitoring shall also include periodic status checks. Depending on circumstances, these checks may occur more frequently or be extended beyond 90 days. There have been no incidents of retaliation reported during this audit period.

Standard 115.271 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NOT APPLICABLE

Booth Hall is not responsible for conducting any form of criminal or administrative sexual abuse investigation. Any investigations relating to sexual abuse are conducted by either the Wyoming Department of Corrections Investigative Unit or the Campbell County Sheriff's Department.

Standard 115.272 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Facility policy establishes the evidence standard as a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Following an investigation into a resident's allegation that they have suffered sexual misconduct in the facility, the facility requests relevant information from the investigating agency in order to notify the resident as to whether the allegation was substantiated, unsubstantiated or unfounded. Policy requires notifications informing the resident of the alleged abuser's status to be documented, unless the allegation involving a staff member is determined to be unfounded. No resident notifications have been required during this audit period.

Standard 115.276 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy states that staff are subject to disciplinary sanctions up to and including termination for violation of agency sexual abuse or sexual harassment policies, with termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violation of the PREA policy (other than actually engaging in sexual abuse) shall be commensurate with the nature and acts committed. One staff member was scheduled for disciplinary sanctions during this audit period; however, the staff member resigned prior to scheduled meeting. The staff member was reported to law enforcement, per policy.

Standard 115.277 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported to law enforcement and relevant licensing bodies. Appropriate remedial actions and consideration shall be given to prohibit further contact with residents. During this audit period, there were no allegations of sexual misconduct with a resident involving a contractor or volunteer.

Standard 115.278 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy states that residents are subject to disciplinary sanctions under the administrative Prohibited Acts for the Federal Bureau of Prisons or the Code of Conduct for the Wyoming Department of Corrections. Additionally, residents may be subject to criminal sanctions. Residents shall be subject to disciplinary sanctions following an administrative finding of resident on resident sexual abuse or following a criminal finding of guilt for such action. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, disciplinary history, and the sanctions imposed for comparable offenses by other residents. The VOA considers whether a resident's mental disabilities or mental illness contributed to the behavior. During this audit period, there were no disciplinary sanctions against residents issued as a result of sexual misconduct with other residents or staff at Booth Hall. Residents are not disciplined for allegations of sexual misconduct made in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Standard 115.282 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All medical services, other than basic first aid, are provided by a local medical facility through the provisions of a Memorandum of Understanding. Staff mental health specialists are trained to determine crisis intervention services required by a resident. If no mental health staff are on duty at the time of the report, first responders make appropriate notifications to ensure crisis intervention service is requested through a service available through a Memorandum of Understanding between the facility and the service. These services include timely information and access to emergency contraception and sexually transmitted infections prophylaxis. Treatment services are provided at no cost to the resident.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy states medical and mental health evaluation, and treatment as appropriate, is available to all residents who have been victimized by sexual abuse in a prison, jail, lockup, or juvenile facility. Evaluation and treatment shall include ,as appropriate, follow-up services, treatment plans, referrals for continued care following transfer or placement in other facilities or their release from custody. These services shall be consistent with community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided at no cost to the resident. No evaluations or treatment of residents was required during this audit period.

Standard 115.286 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy requires for a review team to meet at the conclusion of an investigation determining an allegation to be substantiated or unsubstantiated. This meeting usually occurs within 30 days. The team is made up of upper-level management officials, is convened to consider whether the allegation indicates the need to change policy or practice and to consider other factors that may have impacted the allegation. Input is solicited from line supervisors, investigators and mental health staff. Recommendations of the team are implemented or reasons for not doing so are documented. Booth Hall has had no reason to convene a review team during this audit period.

Standard 115.287 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. The PREA Manager of Booth Hall collects accurate, uniform data for every allegation of sexual misconduct using a standard instrument and set of definitions from the most recent version of Summary of Sexual Violence (SSV) conducted by the Department of Justice. This information is forwarded to the PREA Coordinator who aggregates and reviews data annually.

Standard 115.288 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. The PREA Manager ensures the data collected on sexual abuse for resident-on-resident cases is forwarded to the PREA Coordinator. The PREA Coordinator reviews all data collected to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, and to identify problem areas and take corrective action. An annual report is prepared and published on the VOA-NR website.

Standard 115.289 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BH 902.00 addresses this standard. Policy requires that all aggregated sexual abuse collected data be securely retained for a period of at least ten years. The data is published on the VOA-NR website, after all personal identifiers are redacted.

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 Signature

03/29/2016 _____

Date