

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: July 26, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: June 26-27, 2017			
Facility Information			
Facility name: Wyoming Honor Conservation Camp and Boot Camp			
Facility physical address: 40 Pippin Road, Newcastle, WY 82701			
Facility mailing address: <i>(if different from above)</i> P.O. Box 160, Newcastle, WY 82701			
Facility telephone number: Click here to enter text.			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Todd Martin			
Number of staff assigned to the facility in the last 12 months: 115			
Designed facility capacity: 311			
Current population of facility: 296			
Facility security levels/inmate custody levels: Minimum, Minimum Restricted, Medium, Closed/GP			
Age range of the population: 18-76			
Name of PREA Compliance Manager: Katie Steber		Title: Correctional Unit Supervisor	
Email address: Katie.steber@wyo.gov		Telephone number: 307-746-4436 x351	
Agency Information			
Name of agency: Wyoming Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Wyoming			
Physical address: 1934 Wyatt Drive, Suite 100, Cheyenne, WY 82002			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 307-777-7208			
Agency Chief Executive Officer			
Name: Robert Lampert		Title: Director of Department of Corrections	
Email address: bob.lampert@wyo.gov		Telephone number: 307-777-7208	
Agency-Wide PREA Coordinator			
Name: Scott Abbott		Title: Deputy Administrator of Prison Operations	
Email address: scott.abbott@wyo.gov		Telephone number: 307-777-3532	

AUDIT FINDINGS

NARRATIVE

On May 5, 2017, the Wyoming Department of Corrections contracted with TrueCore Behavioral Solutions, LLC (formerly G4S Youth Services, LLC) for PREA audits for two facilities. TrueCore Behavioral Solutions, LLC assigned DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers to conduct an audit of the Wyoming Honor Conservation Camp and Boot Camp.

Prior to March 15, 2017, the auditor sent to the facility pre-audit notices that were to be displayed by March 15, 2017 for both inmates and staff to view. The pre-audit notices were provided in both Spanish and English and contained a mailing address for correspondence with the auditor. Prior to March 29, 2017, the facility provided to the auditor a flash drive with required information (policies, sample documents, etc.) that included the Pre-Audit Questionnaire. One week prior to the audit, the auditor contacted the Facility PREA Coordinator and provided an electronic request for certain documents to be prepared and ready for the first day of the audit. This list included: inmates by housing unit, staff posts for the two (2) day audit, list of staff responsible for intake, PREA education, risk assessment, medical care, mental health care, incident reviews, retaliation monitoring, investigations, and human resources, list of inmates identified as vulnerable to victimization, list of inmates identified as sexually aggressive, the material provided to inmates on intake, and facility specific information about the facility, including programming and services.

On June 26, 2017, the auditor arrived at the facility and met with Director Robert Lampert, Agency PREA Coordinator Scott Abbott, Warden Todd Martin, Associate Warden Michael David, Facility PREA Compliance Manager Katie Steber, Investigator Lt. David Scott, ACA Accreditation Manager Mandy Jerry, Security Manager Ron Behnke, and Office Support Specialist Kristi Butler. The auditor introduced herself and discussed the schedule for the two (2) day audit, with provisions for day three (3) if necessary. This information also included the timeline for the initial report, the interim report and corrective action period, and the final report.

Upon completion of the initial meeting, the auditor selected those persons to be interviewed. The auditor selected ten (10) random inmates to be interviewed, to include one (1) inmate who reported a prior victimization, two (2) inmates who reported alternative gender identity, one (1) inmate who reported a current allegation, one (1) inmate who reported being Limited English Proficient, and one (1) inmate who was identified as high risk of being victimized. The auditor also selected ten (10) random staff to be interviewed from all shifts.

Additionally, the auditor selected nineteen (19) specialized positions to be interviewed. These specialized positions included: Agency Director, Agency PREA Coordinator, Warden, Facility PREA Compliance Manager, Contract Administration staff, Upper Level Management staff, Youthful Staff, Youthful Education, Medical staff, Mental Health staff, Human Resources staff, Contractor, Investigator, Intake staff, Risk Screening staff, Segregation staff, Incident Review staff, Grievance Officer, and Retaliation monitor. Based on the availability of staff, interviews were scheduled over the two (2) days.

Following the selection of interviewees, the auditor toured the facility. The auditor was permitted in all areas of the facility. The tour took approximately two (2) hours and included all housing areas, recreation field, administration offices, master control, warehouse, maintenance building, dry storage, roll call area, visitation center, canteen, dining hall, kitchen, dry goods room, industrial building, garden buildings, greenhouses, welding shop, chapel, medical, dental, programming, education, library, gymnasium, barbershop, property storage, and the boot camp.

Upon completion of the tour, the auditor began interviews of staff which continued into the next morning. The auditor continued inmate interviews in the afternoon of the second day. A total of twenty-one (21) hours was spent at the facility and the on-site audit was completed on the second day.

Prior to the auditor's exit, the auditor met with the following staff for a discussion on the challenges identified

during the on-site audit: Agency PREA Coordinator Scott Abbott, Warden Todd Martin, Associate Warden Michael David, PREA Compliance Manager Katie Steber, Investigator Lt. David Scott, ACA Accreditation Manager Mandy Jerry, Security Manager Ron Behnke, and Office Support Specialist Kirsti Butler. The auditor discussed the following standards: 115.12, 115.14, 115.15, 115.16, 115.17, 115.31, 115.33, 115.34, 115.53, 115.61, 115.64, and 115.83. Some of these standards required additional documentation to be provided to the auditor. Some of the standards required refresher training for both inmates and staff. There were no standards that were significant in deficiencies. The auditor provided a timeline for the submission of any additional information that could be considered prior to the finalization of this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Wyoming Honor Conservation Camp and Youthful Inmate Program (Boot Camp) are two (2) programs within one (1) facility. The facility is located in Newcastle, Wyoming within the county of Weston.

The Wyoming Honor Conservation Camp (WHCC) was constructed on state land north of the town of Newcastle and in 1989, 24 minimum custody inmates were transferred to Newcastle to begin reconstruction of the modular buildings that would become the kitchen and dining facility, inmate barracks, and offices. Since its modest beginning, the WHCC has grown into a prison containing three dorms housing 238 minimum security inmates and features a double fenced-in secure boot camp building which houses 56 inmates. The WHCC now includes a warehouse, as well as programming, vocational, recreational, and educational space, to allow us to meet the goal of reducing recidivism through cognitive and behavioral intervention.

The Youthful Inmate Program was created by the Wyoming Legislature in 1987 in Wyoming Statute 7- 13-1001 and the facility was opened in February 1990. The Wyoming Boot Camp, which can house up to 56 multiple custody inmates, is located within the confines of the Wyoming Honor Conservation Camp at Newcastle, Wyoming.

The Boot Camp was originally developed as a 90-day program. The program began with ten Boot Camp inmates. In April 1994, the Boot Camp program was expanded to 120 days and in October 2007 the program was expanded once again to the current 180-day program.

This is a highly structured program for first-time, male inmates, who have not attained the age of twenty-five (25). These inmates must have a court ordered recommendation. The Youthful Inmate Program gives the successful graduates an opportunity for a sentence reduction and serves as an alternative to long- term incarceration. The basic program is for 180 days and comprises four phases. The routine day begins at 4:00 a.m. and ends at 9:00 p.m. During each day nearly six hours of the inmates' time is devoted to physical activity. Therapeutic and educational programs are the key component. Work ethic instruction is given through the teamwork concept, as various work details are conducted throughout each day. If needed, or possible, all inmates assigned to Boot Camp earn their GED prior to graduation. Upon completion of the program graduates are released to straight probation, Intensive Supervision Program (ISP), or to an Adult Community Corrections facility.

The Wyoming Honor Conservation Camp system is a joint effort between the Wyoming Department of Corrections and the Wyoming State Forestry Division. This mutual affiliation has been operational, in one form or another, since 1964. The Wyoming Department of Corrections operates the facility and the State Forestry Division supervises the inmates assigned to the forestry crews.

Jobs and/or projects completed by the forestry work crews, while under the direct supervision of Wyoming State Forestry crew supervisors, fall into four categories. These categories are 1) forestry projects, 2) firefighting projects, 3) community service projects, and 4) federal projects.

1) Forestry Projects are conducted on state lands and are overseen by the State Forestry Division. These projects typically follow the timber/state land management activities. They include pre-commercial thinning; salvaging of cut wood into posts, firewood, or saw logs; slash burning; erosion control; tree planting and transplanting; pine seed collection; and insect and disease suppression including biological control of leafy spurge.

2) Firefighting Projects can be divided into two categories. The first is wild land firefighting. Our trained inmates can currently fight any wild land fire inside the state of Wyoming and in the Black Hills of South Dakota. Firefighting activities can be provided to any State, County, or Federal agency.

The second category is controlled/prescribed burns. This includes management burning on state and federal lands. Inmates trained and utilized to fight fires are called "Smoke Busters". This is a program that holds a lot of respect and pride in our community. It provides experience for the inmates that can carry over into a career upon their re-entry into society as well as gives them a sense of accomplishment while imprisoned.

3) Community Service Projects can be for any State, City or County agency. The work must not compete with private enterprises and should be of public benefit. These projects include general maintenance for city and county agencies; hazardous waste clean-up and living snow fence planting; and maintenance for conservation districts, etc.

4) Federal Projects can be for any federal agency. The State is reimbursed for all project costs including personnel, vehicles, equipment, and material.

The Forestry Program, when at capacity, can employ up to 63 inmates at the WHCC. The forestry work crews have been widely accepted in the local communities.

For the past 44 years, the Wyoming State Forestry Division and the Board of Charities and Reform (later incorporated into the Department of Corrections) have combined efforts and resources in the development and support of a Forestry Conservation Camp Program manned by inmates from a Wyoming Department of Corrections facility. Prior to the authorization of the Wyoming Honor Conservation Camp by the legislature, the Wyoming State Forestry Division, in conjunction with the Board of Charities and Reforms, operated fire and conservation camps in the Black Hills area as early as the 1960's. These camps were manned by a forestry technician, one correctional officer, and six inmates from the Wyoming State Penitentiary.

The 1986 Session Laws of Wyoming reflect the addition of "camps" to the definition of penal institutions. Chapter 65 relates to penitentiary camps, "authorizing the creation and operation of penitentiary camps to provide places of confinement and employment for persons committed to the state penitentiary."

The Wyoming Honor Conservation Camp was constructed on state land north of the town of Newcastle. The WHCC received its first funding in 1988. An appropriation of \$311,850 was allocated and used for the purchase of modular buildings and site preparation. Site preparation continued through the summer of 1989. At that point, approximately 24 minimum custody inmates were transferred to Newcastle to begin reconstruction of the modular buildings that would become the kitchen/dining facility, inmate barracks, and offices.

Since this modest beginning, there has been substantial growth at the Wyoming Honor Conservation and Boot Camp facility. During the 2003-2004 sessions, the legislature made an appropriation of \$6,326,204 for another expansion of the facility. Through these expansions, WHCC has grown into a prison containing three dorms, which house 238 minimum inmates, and a double fenced-in secure Boot Camp building which houses 56 inmates. Total facility capacity has grown from 24 inmates in 1989 to 294 inmates in 2008. WHCC now has a warehouse, as well as programming, vocational, recreational, and educational space, to allow us to meet the goal of reducing recidivism through cognitive and behavioral intervention.

The facility encompasses both secure and non-secure areas. Outside of the secure area is the administrative offices, including the Warden's office, business administration, fiscal specialist, human resources, ACA office, records, mail clerk and Executive Assistant.

Additionally, a recreation field, warehouse, maintenance building, dry storage building are all located outside the secure fence.

Entrance into the secure area is through a building where visitation is held and staff offices and master control is also located. Staff offices have windows for supervision purposes. Visitation is an open area with PREA information posted. When entering Master Control, the staff flipped a switch which turns off sight viewing of the cameras in these cells, allowing for same gender supervision of the cameras. There are one-hundred seventeen (117) cameras, restraints, radio equipment, and access to the four (4) Segregation cells. These four (4) segregation cells are single person wet cells. Showers are provided in a general use area that were designed for privacy and include a door. There is a cordless phone that is available upon inmate request.

Canteen is also located in two rooms off of the main area and provides an office and additional storage. Windows offer supervision and this areas is a part of the unannounced rounds list.

The dining hall is an open area with no blind spots. The kitchen contains open areas as well as a dish room where a camera is focused. The Dry Goods room has a camera and the kitchen office has windows and allow for supervision of the kitchen as well as into the Dry Goods room.

The Industrial Building is where metal work is done. Inmates work with license places to make unique items. The garden building houses gardening tools and includes two (2) green houses. The Welding Building contains a certified welders program through the Easter Wyoming College (EWC).

The main medical building is located within this secure area and provides dental services as well. The examination rooms remain open when an inmate is present and staff are positioned so as not to see and hear but to respond to emergencies. All offices and the pharmacy have windows to allow for supervision. Programming staff is also located in this building, along with a break room and staff restrooms. Education is provided in one large rooms with hanging dividers to turn the room into three (3) individual classrooms, twelve (12) offices with windows, two (2) computer labs, library, barbershop, property storage, and indoor gymnasium.

The maintenance building is a partial two story building. Maintenance is located in the lower level and contains a wood shop, tool crib, welding shop, and two storage areas. Located above is the Chapel and the music area. The Chapel is where inmate orientation is held which is a three (3) day program with the first day covering comprehensive PREA education.

There are four (4) housing units. Unit A provides for double rooms, multiple general bathrooms & showers with curtains that allow for privacy. There are five (5) phones for inmate use in the common area and one (1) ADA room with its own bathroom. PREA information was posted in the common area for inmate and staff viewing that included how to report. Access to outside emotional support services was also posted. There is also a staff office on this unit. Cross-gender announcements are made when females enter the unit. Unit B provides for double rooms, multiple general bathrooms and showers with curtains that allow for privacy. There are six (6) phones for inmate use in the common area and the central laundry is located in this facility. PREA information was posted in the common area for inmate and staff viewing that included how to report. Access to outside emotional support services was also posted. There is also a staff office on this unit. Cross-gender announcements are made when females enter the unit. Unit C provides both single and double rooms. There are single bathrooms or Jack and Jill bathrooms (connecting two rooms). Showers in the bathrooms contain curtains for privacy. There are five (5) phones for inmate use in the day room and this unit has a hobby/craft area. Cross-gender announcements are made when females enter the unit. PREA information was posted in the common area for inmate and staff viewing that included how to report. Access to outside emotional support services was also posted. Cross-gender announcements are made when females enter the unit.

Another secure fence separates the Youthful Inmate Program (Boot Camp). One building encompasses this program along with a large recreation field. There are classrooms, medical, offices, staff bathroom, staff breakroom, and the Facility PREA Compliance Manager's office along with housing in this building. There are also four (4) housing units surrounding the control area and one (1) private room for inmates under the age of eighteen (18). The housing units are open bay with general bathrooms and multiple shower head shower rooms. The design of these rooms allows for privacy from cross-gender staff viewing. There is one (1) phone for inmate use. PREA information was posted in the common area for inmate and staff viewing that included how to report. Access to outside emotional support services was also posted. Cross-gender announcements are made when females enter the unit; the practice is for female staff to call ahead to allow for the announcing upon entering the control area that provides viewing and access of the units. The housing room was created to provide separation for inmates under the age of eighteen (18). There are two single beds in the room. Bathrooms and showers are provided that allow for privacy for the youthful inmates. This rooms has curtains over the windows to provide sight separation and privacy. There is a call button to summon staff and a panic button in the room in case of an emergency. At night, the facility arms an alarm that goes off if the door is open to ensure the safety of these youthful inmates. Room checks are conducted as required by policy. Access to a phone is through staff request.

The facility provides a grievance box in the dining hall where all inmates have access. Grievance forms are available from any staff, and in many cases are made readily available throughout the housing units.

The facility received its last PREA audit on August 25, 2014. The facility was found to be compliant with PREA Standards, with five (5) standards exceeding the requirements, two (2) standards not applicable, and thirty-six (36) standards meeting the requirements. The facility is ACA Accredited and the most recent audit was on April 25, 2016. The facility was found to be 100% compliant with both mandatory and non-mandatory standards.

SUMMARY OF AUDIT FINDINGS

The facility staff were extremely open during the audit process, and very helpful to the auditor in obtaining additional information/documentation. This team works well together to troubleshoot and discuss any challenges that were identified. Prior to the writing of this report, the facility provided the auditor with additional documentation and proof of both staff and inmate training that was requested. At the conclusion of the review of additional materials provided by the facility, this auditor finds the facility meets all requirements of the PREA Standards.

Number of standards exceeded: 5

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective date 7/1/2016: Establishes “zero tolerance” regarding sexual misconduct directed towards WDOC inmates and establishes uniform guidelines and procedures for preventing, detecting, reporting, investigating, responding to, and sanctioning incidents of sexual misconduct against inmates. Establishes the rights of inmates to be free from sexual abuse and sexual harassment perpetrated by staff or by other inmates, and prohibits acts of sexual misconduct against inmates. Designates an upper level agency wide PREA Coordinator. Designates a PREA Compliance Manager at each facility. Requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document such referrals.

The facility Organizational Chart identifies the Correctional Unit Supervisor as the Facility PREA Coordinator. The facility PREA Coordinator reports that she spends approximately 10-15 % of her time dedicated to PREA-related responsibilities. Her job as a Correctional Unit Supervisor requires her to oversee Programming at the facility. Coordination of PREA activities at the facility include training, internal auditing of systems, and working with the Warden to address any compliance issues. Actions to resolve any compliance issues include training and policy and procedure reviews. She maintains contact with the Agency PREA Coordinator. During the auditor’s time at the facility, the facility PREA Coordinator displayed excellent knowledge of the Standards, was able to quickly identify where in policy were needed directive, and showed a willingness to learn more.

The Department Organizational Chart identifies the Agency PREA Coordinator works under the Prison Division with a direct line to the WDOC Director. The Agency PREA Coordinator holds the Deputy Administrator of Prison Operations title. He reports that he spends 5-10% of his work time on PREA related responsibilities. He has indirect supervision of five (5) facility PREA Compliance Managers, one (1) Contract Manager, and three (3) Work Release Centers. He reported that the Agency is very dedicated to keeping inmates safe. They are committed to making adjustments in policy and procedure as new challenges are identified and feel confident that they have created and protect excellent systems for the prevention, detection, reporting and response to sexual abuse and sexual harassment. Key systems that were specifically mentioned during the interview include annually reviewing the staffing plans and make necessary adjustments while addressing relief factors, cameras, reports, facility feedback, and overtime budgets; a risk assessment system and objective screening tool that were created with the assistance of Dr. Hadyman, PHD, from the Criminal Justice Institute in Hagerstown, MD; and the creation of a Multi-Disciplinary team for to address all aspects of care and security for the initial placement of a transgender or intersex inmate in a facility.

Based on the information provided in the pre-audit questionnaire, agency policies, observations, documents reviewed, and interviews, the auditor has determined the facility meets the standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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.

Five (5) Contracts with county jails: contract for the provision of emergency housing, health care, maintenance, supervision and related services for WDOC inmates, signed by the WDOC Director Lampert, and is effective from 7/1/2016 through 6/30/2018. The contract establishes a WDOC Contract Monitor who shall act as a point of communication for County with regard to any matters involving operation of the Contract. Allows for the WDOC Director or designee, WDOC Contract Monitor or other delegated WDOC staff access to the Facility and to WDOC inmates for purposes of inspection and contract-compliance monitoring. Requires that WDOC and any of its representatives shall have access to reasonable work space and to any and all books, documents, papers, and records of the County which are pertinent to the Contract. Requires the County to comply with any other reporting requirements dictated by Federal law for any incident or crime committed by or against a WDOC inmate including but not limited to the Prison Rape Elimination Act. Allows WDOC to request County to investigate any reportable unusual incident involving a WDOC inmate that occurs at the facility.

In an interview with the contracts manager, he reports that they currently have five contract in place in the event of an emergency. It is noted that they have not utilized the housing of inmates at Goshen County Jail in some time. He reports that they are slated for contract monitoring beginning early August 2017.

Based on the information provided in the pre-audit questionnaire, documents reviewed, and interviews, the auditor has determined the facility meets the standard.

Standard 115.13 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.

Policy and Procedure 1.211 "STAFFING AND WORK SCHEDULES", effective 12/15/2016: Provides guidance regarding staffing requirements, the use and implementation of conventional and alternative work schedules, to establish uniform guidelines and procedures for the assignment of voluntary and mandatory shifts, and to ensure compliance with State of Wyoming Personnel rules and policies, as well as any applicable federal and state laws. Requires an annual review of staffing requirements and work schedules. Ensures that the facility develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. Requires mandatory minimum staffing levels for each post. Requires minimum staffing on all shifts. Requires unannounced rounds on both night and day shifts by intermediate-level and higher-level supervisors with the prohibition of staff alerting other staff that the rounds are occurring.

The facility has a staffing plan that was last updated on 1/30/2017 and was last reviewed by the Director on 4/3/2017. The review takes into consideration generally accepted detention and correctional practices, findings of inadequacies by a judicial body, federal investigations, internal or external oversight bodies, physical plant (72 cameras), composition of the population, number and placement of supervisory staff, institutional programming, applicable State or local laws, regulations, or standards, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. The facility has minimum staffing and no deviations due to the use of pull posts.

Day shift staffing includes twenty-three (23) Correctional Officers, two (2) Corporals, two (2) Sergeants, and two (2) Lieutenants. The night shift staffing includes twenty (20) Correctional Officers, one (1) Corporal, and four (4) Sergeants.

The facility documents the unannounced rounds in the logbook. A review of the documents found that they are conducted at least once per day on varying shifts, and are conducted by the Sergeant, Lieutenant, Assistant Warden, or Warden. Additionally, the Captain conducts random rounds one (1) times per week and this is documented on the WHCC Weekly Inspection Form and in the logbook. The Captain reports that unannounced rounds, rotating his pattern, include addressing staff positioning, location of inmates, looking into all areas of the facility, and addressing anything out of the ordinary. He reports he goes into the Kitchen, Warehouse, and Chow hall as well.

Based on the information provided in the pre-audit questionnaire, policies reviewed, documents reviewed, and interviews, the auditor has determined the facility meets the standard.

Standard 115.14 Youthful inmates

- 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.

Policy and Procedure 4.104 “YOUTHFUL INMATES”, effective date 04/15/2017: Requires sight, sound, and physical separation between youthful inmates and adult inmates in common spaces, shower area, and sleeping quarters, through the use of a separate housing pod and when not engaged in structured boot camp activities. Requires direct staff supervision when engaged in programming that puts the youthful inmate within sight, sound, or physical contact. Allows youthful inmates to be given the same access to large-muscle exercise, legally required special education services, other programs and work opportunities except in exigent circumstances. Requires best efforts to avoid placing youthful inmates in isolation in order to achieve sight, sound and physical separation from adult inmates.

Wyoming State Law Title 14, Chapter 1, Section 101: Upon becoming eighteen (18) years of age, an individual reaches the age of majority and as an adult acquires all rights and responsibilities granted or imposed by statute or common law, except as otherwise provided by law.

Documentation shows that fifteen (15) minute checks are conducted when youthful inmates are in their housing unit. The Warden affirms that youthful inmates are kept sight, sound, and physically separated, except for regular programming, and are supervised by a staff member.

There is currently one youthful inmate at the facility. A separate room has been designated as the youthful inmate sleep quarters that contains curtains to prevent sight from adult inmates and allow the youth privacy while changing clothing. This room is located outside the adult housing and contains a door alarm that sounds if the door is opened. There is also a panic button for youthful inmates to press if they need staff assistance while in this room. During the day staff is assigned to be with the youthful inmates anytime they are outside of this room, as the youthful inmates follows the same daily schedule as the adult inmates.

During an interview, it was discovered that while there are staff present when youthful inmates are on the recreation yard with adults inmates, there is not a staff specifically designated to be with the youth. This was discussed with the facility administration. Prior to the writing of this report, the facility conducted training with all boot camp staff to ensure there is clear understanding of the level of supervision required when youthful inmates are in the presence of adult inmates. New procedure requires the identification of one staff who will be responsible for staying no further than 10 feet from youthful inmates anytime they are in the presence of adult inmates. The person assigned will be noted in the logbook.

Based on the information provided in the pre-audit questionnaire, documents reviewed, interviews with staff, and the facility follow-up, the auditor has determined the facility meets the standard.

Standard 115.15 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.

Policy and Procedure 3.013 “SEARCHES”, effective date 06/10/2016: Requires that facilities shall implement policies and procedures that enable inmates 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. Requires staff of the opposite gender to announce their presence when entering an inmate housing unit. Prohibits the searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Requires determination of genital status through conversation, documentation or medical examination by a medical practitioner. Requires staff training on the searching of transgender and intersex inmates. Requires skin searches to be conducted by same gender staff. Requires initial search by birth sex, and further searches based on the assigned housing facility which is determined based on needs of a transgender or intersex inmate through the Multi-Disciplinary Team on a case-by-case basis. Requires all cross-gender searches to be documented on a WDOC Form #102, Staff Report, and documentation will include time, date, location, and authorizing official. Requires visual inspections of inmate body cavities by medical personnel or trained correctional officers of the same sex and must be conducted in private.

Search training is a part of the normal staff training and now includes Cross-Gender and Transgender Pat Search training. The facility utilizes The Moss Group training that is available on the PREA Resource Center website titled “Guidance in Cross-Gender and Transgender Pat Searches”. The facility posts notices to inmates that female staff may be present at any time as a reminder.

Neither staff nor inmates stated that cross-gender searches are conducted. However, the majority of staff reported being unfamiliar with searching transgender or intersex inmates. Interviews with inmates found that the majority reported not hearing female staff announce themselves in the unit. In discussion with the facility administration, the facility conducted training with all staff prior to the writing of this report. The material used to train staff in searching of transgender and intersex inmates and the requirements for cross gender staff to announce their presence was provided to the auditor. Electronically and written rosters indicating staff acknowledgement of the training was also provided.

Based on the information provided in the pre-audit questionnaire, documentation reviewed, interviews with staff and inmates, and facility follow-up, the auditor has determined the facility meets the standard.

Standard 115.16 Inmates with disabilities and inmates 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/2016: Requires the provision of services and materials to be provided to inmates who have disabilities, such as those who are deaf or hard of hearing, blind or have low vision, reading disabilities, and those who have intellectual, psychiatric, or speech disabilities. Requires the provision of services and material to be provided to inmates who are Limited English Proficient. Prohibits the use of inmate interpreters, readers, or other types of inmate assistance except in limited circumstances where it may compromise an inmate’s safety, performance of first responder duties, or an investigation of the inmate’s allegations.

The facility has PREA materials in languages other than English to provide to inmates as identified. The facility has PREA materials in Braille to provide to inmates as identified. There is one staff at the facility that can provide ASL. The facility did provide information that it currently did not have an agreement to provide information in languages other than Spanish (staff available). Prior to the writing of this report, the Agency PREA Coordinator finalized an account with Language Line Solutions and provided this information to the auditor. The facility conducted training with all staff and provided both the training material and electronic/written signed acknowledgements of the training. Additionally, prior to the writing of this report, the facility implemented a form that is completed with an inmate to identify any

language or learning disabilities in order to ensure information provided is understood by the inmate.

Based on the information provided in the pre-audit questionnaire, documents reviewed, interviews with staff, and the facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.17 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Prohibits the hiring or promoting of any person who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC 1997, 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, or has been civilly or administratively adjudicated to have engaged in the activity described above. Requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, or may have contact with inmates. Requires the asking of all applicants or employees who have contact with inmates about any prior misconduct as described above. Requires a continuing affirmative duty for employees to disclose any such conduct. Requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who a former employee has applied to work. Requires criminal background record checks before hiring new employees, before enlisting the services of a contractor or volunteer, at least every five (5) years.

Policy & Procedure 1.215 “CODE OF ETHICS”, effective 10/15/2016: Requires all staff to report to his/her supervisor by the next business day any arrest or formal charges for any criminal offense, including driving while intoxicated or under the influence. Included is minor traffic violations while driving a state-owned vehicle, offenses related to reckless driving and other serious misdemeanors, and final disposition of cases.

Form 119.1 – Affirmation of Code of Ethics – All staff are required to sign a form indicating that they have read and understand the meaning of the Code of Ethics. This is maintained in staff Human Resource files.

Onboarding Orientation Handout #7 – Form used during staff orientation that acknowledges that staff understand that workplace harassment, discrimination are not permitted within the agency.

Onboarding Orientation Handout #10 – Form used during staff orientation that acknowledges that staff understand the policy on the type of interactions and associations with inmates, up to 2 years after an inmate’s release.

Onboarding Orientation Handout #11 – Form used during staff orientation that acknowledges that staff have received information on the agency zero-tolerance policy.

The background form used by the agency requires background screenings to be conducted at hire, every five (5) years, and promotion or change of position. Information was provided to the auditor on staff backgrounds. Contractor backgrounds are kept in different locations and the facility needed to gather these. Prior to the writing of the report, the facility provided copies of contractor backgrounds. All staff sign an Affirmation of Code of Ethics form in regards to reporting any contact with law enforcement as per policy and their signature acknowledges their understanding that they are required to adhere to the Code of Ethics policy.

Based on the information provided in the pre-audit questionnaire, interviews with staff, documents reviewed, and the facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.18 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.

Policy & Procedure 2.200 “INMATE HOUSING AREAS”, effective 12/15/2016: Requires all designing or acquiring new facilities and in planning substantial expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon the facility’s ability to protect inmates from harm, including sexual abuse. Requires any installing or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology to be considered how such changes may enhance the facility’s ability to protect inmates from harm, including sexual abuse.

The facility installed fifty-52 (52) additional cameras since the last PREA audit. The Warden reported that these were installed specifically to address areas where sight supervision was limited.

Based on the information provided in the pre-audit questionnaire, interview with the Warden, and a tour of the facility, the auditor has determined the facility meets the requirements of the standard.

Standard 115.21 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the facility to utilize a uniform evidence protocol that maximized the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol must be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the US Department of Justice 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. Requires the agency offer all victims of sexual abuse access to forensic medical examinations at an outside facility without financial cost to the inmate. Requires the facility to attempt to make available to the victim a victim’s advocate from a rape crisis center, or to utilize a qualified staff member from a community based organization or a qualified agency staff member to provide victim advocacy services. Requires the victim advocate to accompany and support a victim through the forensic medical examination and investigatory interviews, as well as providing emotional support, crisis intervention, information and referrals.

Policy & Procedure 3.009 “Evidence Handling and Storage”, effective date 07/02/2015: Addresses the process for the collection and custody of evidence with the Wyoming Department of Corrections correctional facilities and Division of Field Services areas of authority that is uniform and consistent in manner and that ensures the integrity and security of all evidence collected. Addresses the chain of custody of evidence that includes the collection, storage, transportation and disposition of items collected as administrative or criminal evidence.

Ensures evidence is not altered or tampered with from the point of collection until it is considered no longer necessary to maintain. Addresses general guidelines for the collection of evidence that includes who can collect evidence, preservation of the crime scene, protection needed to avoid contamination of evidence, universal precautions for evidence which may contain blood borne pathogens, collection, packaging and labeling of evidence, storage of evidence, authorization of access to evidence, crime scene security, collection of the various types of evidence (video, computers, drugs/controlled substances, contraband, digital, clothing, original documents, perishable items, weapons, and biohazard items. Addresses work place controls and opening and closing evidence.

Focus is a Rape Crisis Shelter located in Newcastle, WY that provides a variety of services to all victims of sexual abuse, which includes crisis intervention services, accompaniment/advocacy, counseling, and a 24-hour hotline. The facility is in the process of a Memorandum of Understanding with Focus, Inc. for the provision of advocacy, support and crisis intervention to inmates by phone, to provide advocacy and support when inmates are brought to the local hospital for sexual assault forensic exams, provide follow-up services and crisis intervention contact to victims of sexual assault, and to maintain confidentiality of communications with inmates as requested. It is currently with the state agency attorneys for review.

Forensic examinations are conducted the Weston County Health Services. In an interview with the Director of Nursing at Weston County Health Services, it was reported that the Emergency Room has a certified SANE nurse on call. The Director of Nursing reported that Focus, Inc. would be notified by the hospital for a victim advocate to respond, if requested by the victim.

Based on the information provided, policies reviewed, and interviews, the auditor has determined that the facility meets the requirements of the standard.

Standard 115.22 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires that all 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, and to document all such referrals. Requires notification to local law enforcement of all verified incident of sexual abuse of an inmate/inmate by a staff member, contractor, or volunteer and sexual abuse between inmates/inmates shall be referred to the local law enforcement agency of jurisdiction for investigation and consideration of criminal prosecution.

Policy & Procedure 1.014 “INVESTIGATIONS”, effective 10/1/2016: Requires an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment. Requires that the Law Enforcement Agency of Jurisdiction (LEAOJ) be made aware of all allegations of sexual abuse or sexual harassment for consideration of a criminal investigation prior to initiating an internal investigations. If the LEAOJ accepts the investigation, a joint or concurrent investigation may be conducted internally by either the facility investigation or the Investigative Unit Investigator, as deemed appropriate in accordance with this policy. Requires the warden to ensure the LEAOJ is aware of PREA standards for conducting such investigations, and requesting the investigating agency follow the requirements of PREA Standards.

The pre-audit questionnaire reported four (4) allegations of sexual abuse and sexual harassment that were received. All received an administrative investigation. None were referred for criminal investigation as there was no indication of criminal activity.

The Agency Director reported that all allegations of sexual abuse or sexual harassment receive an investigation. Utilizing specially trained investigators, if criminal activity is evident the case is referred to local law enforcement for investigation and possible prosecution.

Based on the information in the pre-audit questionnaire, policies reviewed, documents reviewed, and interviews, the auditor has determined that the facility meets the requirements of the standard.

Standard 115.31 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires all Wyoming Department of Corrections staff shall receive mandatory PREA training that includes instructions on policy and procedure – including the zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities to prevent, detect, report, and response to allegations of sexual abuse and sexual harassment, inmate’s rights to be free from sexual abuse or sexual harassment and retaliation for reporting sexual abuse or sexual harassment, identifying how sexual assault and misconduct affects the community/inmates/staff; dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, methods of prevention of sexual misconduct, how to detect and report signs of threatened and actual sexual abuse, identifying action and at-risk victims and predators, how to avoid inappropriate relationships with inmates, how to communicate effectively and professional with inmates (including LGBTI and gender nonconforming inmates), reporting and response procedures, identifying means of medical treatment, instructions on record keeping and confidentiality, and compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Requires gender specific training for all staff and additional training when reassigned from one gender facility to another gender facility. Requires training every other year, with refresher information provided in the other years. Requires employee signature or electronic verification that employees understand the training.

Wyoming Department of Corrections utilizes a PREA PowerPoint for initial training staff. The PowerPoint addresses all required components of the standard. Staff also complete a twenty-four (24) hour annual in-service training that includes a two (2) hour PREA education that is provided through video, scenarios and PREA Jeopardy that addresses all the components of the standard. At the conclusion of the training, staff sign a PREA Staff Acknowledgement indicating that they have received training on the required topics. Interviews with staff found that the majority were not familiar with state laws on child abuse or elder abuse reporting requirements. After discussion with administrative staff, the facility conducted training with all staff on child abuse and elder abuse reporting requirements. A copy of the material used and electronically/written signatures of staff indicating they received the training were sent to the auditor for review.

A memo from the Warden, dated April 25, 2017 confirms that all staff receive PREA training annually. A review of staff training files found annual training in the years 2015, 2016 and 2017. Samples of the PREA Acknowledgement were provided to the auditor.

Based on the information on the pre-audit questionnaire, policies reviewed, training reviewed, interviews, and the facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.32 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires PREA training for all volunteers and contractors that includes their responsibilities. Requires the level and type of training is based on the services they provide and the level of contact with inmates. Requires a minimum training that includes the agency’s zero-tolerance policy and how to report suspicion, information or knowledge of sexual abuse or sexual harassment.

A memo from the Warden, dated April 25, 2017 confirms that all volunteer and contractors receive PREA training annually. At the conclusion of the training, a contractor or volunteer signs a PREA Staff Acknowledgement indicating that they have received training on the required topics. Samples of the PREA Acknowledgement were provided to the auditor. In an interview with a contractor, it was reported that they receive annual PREA education, the same as the facility staff.

Based on the pre-audit information, policies reviewed, documents reviewed, and interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.33 Inmate 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires mandatory PREA information, both orally and in writing and in a form that is understandable to the inmate, that includes information about sexual misconduct, background information on PREA, prevention/intervention/self-protection/reporting/treatment/counseling information, and confidentiality. Requires during the initial intake process, inmate education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Requires within thirty (30) days inmates shall receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and all WDOC policies and procedures for responding to such incidents. Requires repeated education when an inmate is transferred to a different facility.

The facility provides a two-step process for inmate PREA Education. Upon arrival, inmates are provided the PREA “Protection from Harm” brochure and are made aware of their right to be free from sexual abuse and sexual harassment, how to report, and their right to be free from retaliation for reporting sexual abuse or sexual harassment. Additionally, they are provided the WDOC Handbook which details the zero-tolerance policy and the various ways to report sexual abuse or sexual harassment. Within seven (7) days, inmates view the WDOC PREA Inmate Education Video which provides a more detailed look at sexual abuse and sexual harassment within a confinement facility. Both steps are documented by inmate signature.

The facility maintains a database which is used to track an inmate’s arrival date and completion of PREA education. Additionally, a case note is made that documents the completion of PREA education. Inmate interviews confirmed that they received initial PREA education at intake and shortly thereafter saw a film and had further discussion. Orientation to the facility is held in the Chapel and the first day of orientation is comprehensive PREA education. Case notes indicate education completed; signed acknowledgement forms show training conducted as required with the majority of the acknowledgements showing comprehensive PREA education was completed within two (2) days.

During staff interviews it seemed that there is no clear identification in order to provide PREA education that is understood by the inmate. In a discussion with the facility, they have implemented a form that allows for the identification of any language or learning barriers. Staff conducting PREA education would complete this form before providing PREA education. A copy of the form and staff training acknowledgement were received by the auditor prior to the writing of this report.

During the tour, the auditor noted information on how to report sexual abuse and sexual harassment throughout the facility and in view of both inmates and staff. Reporting sexual abuse and sexual harassment information is also located in the inmate handbook.

Based on information in the pre-audit questionnaire, policies reviewed, documents reviewed, tour, interviews with staff and inmates, and facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.34 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires all Investigators to receive both the general staff PREA Education and specialized PREA education in conducting investigations in confinement settings as outline in WDOC Policy & Procedure 1.014, Investigations.

Policy & Procedure 1.014 “INVESTIGATIONS”, effective 10/1/2016: Details investigator specialized training topics that include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiated a case for administrative action of prosecution referral. Requires the agency maintain documentation that agency investigators have completed the required specialized training.

Wyoming Department of Corrections Division of Criminal Investigation utilizes PREA Investigation Training as presented by The Moss Group, whereby the training was designed to address the requirements outlined in the PREA standard requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings and contains the information fundamental to understanding the concepts as required by PREA standards and best practices in investigating incidents of sexual abuse. The facility provided documentation of staff acknowledgement of completion of this course.

While the pre-audit questionnaire indicated that there is one (1) investigator, during the on-site the auditor discovered investigations completed by another staff. Further discussion found that this second investigator had not yet completed the specialized investigations training required. One of the investigators interviewed had completed the specialized training and was able to articulate the various topics of the training that included Miranda and Garrity warnings, interviewing sexual abuse victims, sexual abuse evidence collection and the criteria and evidence required to substantiated a case for administrative or prosecution referral. The second investigator had not completed any training. Prior to the writing of this report, the second investigator completed the NIC “Investigating Sexual Abuse in Confinement Setting” course and a copy of the information was provided to the auditor. Both investigators have completed the annual PREA training for staff.

Based on information in the pre-audit questionnaire, policies reviewed, documents reviewed, interviews with staff, and facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.35 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires all full-time and part-time medical and mental health practitioners who work regularly in a facility have been trained on How to detect and assess signs of sexual abuse; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and how and to whom to report allegations or suspicions of sexual abuse. Requires maintaining documentation of such training. Requires medical and mental health practitioners receive the same training as contractors and volunteers. Requires PREA training for all volunteers and contractors that includes their responsibilities. Requires the level and type of training is based on the services they provide and the level of contact with inmates. Requires a minimum training that includes the agency’s zero-tolerance policy and how to report suspicion, information or knowledge of sexual abuse or sexual harassment.

Policy & Procedure – CORIZON – “Response to Sexual Abuse”, effective date 12/01/2016: Requires that all staff receive PREA training upon hire and on an annual basis. Requires health staff receiving training at hire and annually on how to detect, assess, and respond to sexual abuse and sexual harassment, as well as how to preserve physical evidence of sexual abuse.

Medical and mental health practitioners are contracted through Corizon. A memo from the Warden, dated April 25, 2017 confirms that all volunteer and contractors receive PREA training annually. At the conclusion of the training, a contractor or volunteer signs a PREA Staff Acknowledgement indicating that they have received training on the required topics.

The facility provided copies of annual PREA education for Corizon staff. The facility provided copies of the National Institution of Corrections (NIC) training on “Medical Health Care for Sexual Assault Victims in a Confinement Setting” or “Behavioral Health Care for Sexual Assault Victims in a Confinement Setting” for the Corizon staff.

A memo from the Warden confirms that forensic examinations are not conducted at the facility, but at the local hospital. This was confirmed in conversation with the Director of Nursing from Weston County Medical Services.

Based on the pre-audit information, policies reviewed, documents reviewed, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.41 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires all inmates to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Requires the use of an objective screening instrument. Requires screening to be completed within twenty-four (24) hours of arrival for potential vulnerabilities or tendencies to act out with sexually aggressive predatory behavior. Requires intake screening include: mental, physical or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the inmate is or is perceived to be LGBTI or gender nonconforming. Prohibits discipline of the inmate for refusing to answer screening questions. Requires appropriate controls on the dissemination of information within the screening tool. Requires a reassessment within thirty (30) days based upon any additional, relevant information received by the facility since the intake screening.

Policy & Procedure 4.101 “INMATE CLASSIFICATION”, effective 03/03/2016: Requires an assessment at intake utilizing an objective screening instrument.

Wyoming Department of Corrections, Male Internal Classification Handbook, revised 12/05/2016: Requires an Internal Classification Form be completed during the Assessment and Orientation process before the inmate is transferred to general population housing. Addresses both Aggressive Factors and Vulnerability Factors. Addresses the Aggressive and Vulnerability Designation Process. Addresses the Override Process. Includes the objective tool that was created by Dr. Hardyman from the Criminal Justice Institute in Hagerstown, MD.

The objective screening tool “Internal Classification Form” used at Wyoming Department of Corrections was created by Dr. Hardyman from the Criminal Justice Institute in Hagerstown, MD. This form contains all required components of the PREA standard and is the standard form used for all intakes.

Warden’s Memo, dated April 24, 2017, confirms that all inmate are screened within seventy-two (72) hours of intake for risk of victimization or abusiveness.

In an interview with staff who conducts the risk assessment, it was reported that the screening is typically completed within three (3) hours of an inmate’s arrival. The objective screening tool collects the inmate’s age, body size, history of victimization, gender identity, convictions of prior sexual acts, current and prior criminal history including violent and nonviolent offenses, length of incarceration, any medical, mental health, or physical disabilities, and the inmate’s perception of victimization. Within thirty (30) days, the inmate’s risk level is reassessed and includes a review of new information, prior allegations of sexual abuse or sexual harassment that occurred in a correctional facility, and disciplinary history that occurred in a correctional facility, if available. Additional reviews of an inmate’s risk assessment is conducted when new information is obtained, due to a referral or request, or in the case of an incident of sexual abuse. The interviewee confirmed that inmates are not disciplined for refusing to answer questions during the screening process. Access to the risk assessment is limited to the case management staff or the warden. The outcome of the risk assessment is available to staff who make housing decisions.

The facility documents both the initial classification and the reassessment in the caseworker notes. The facility also maintains a database with an inmate initial intake date, PREA education, initial classification date and the reassessment date. A review of inmate risk assessments confirmed that the initial risk assessment is completed on the inmate’s day of arrival and that reassessment are conducted within thirty (30) days.

Based on the pre-audit questionnaire, information received, documents reviewed, and interviews with staff, the auditor has determined that the facility exceeds the requirements of the standard due to completing the initial risk screening within twenty-four (24) hours of an inmate’s arrival at the facility and the consistency of reassessments being completed prior to the thirty (30) day window.

Standard 115.42 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the agency to use information from the risk screening (Internal Classification Form) to inform housing, bed, work, education, and program assignments with the goal of keeping separate, or under direct supervision of staff, those inmates at high risk of being sexually victimized from those at high risk be being sexually abusive. Requires the agency making individual determination about how to ensure the safety of each inmate. Requires the agency to make case-by-case determinations for transgender and intersex placement in a facility for male or female inmates. Requires placement and programming assignments for transgender and intersex inmates to be assessed at least two (2) times per year to review any threats to safety experienced by the inmate. Requires a transgender and intersex inmate’s own views with respect to his or her own safety shall be given serious consideration. Requires that transgender and intersex inmates are given the

opportunity to shower separately from other inmates in a large shower area, if such exist. Prohibits the placement of LGBTI in dedicated facilities, units, or wings based solely on such identifying or status.

Policy & Procedure 4.101 “INMATE CLASSIFICATION”, effective 03/03/2016: Requires placement and programming assignments for transgender and intersex inmates to be assessed at least two (2) times per year to review any threats to safety experienced by the inmate. Requires all other inmate’s classification to be reviewed at least every twelve (12) months.

Safety Disclosure Statement – Known Victim Form: Agency form that allows for a known victim to identify any safety issues in housing decisions.

Wyoming Corrections Information System (WCIS) is used to identify housing location.

In an interview with staff who conducts the risk assessment, it was reported that the information gathered is used to make housing, programming, bed assignments, and work assignments. Decisions for an inmate who is identified as at-risk for sexual victimization is completed individually with the Safety Disclosure Statement.

Transgender and intersex inmates are initially screened by a Multi-Disciplinary Team for placement in a gender appropriate facility. A Safety Disclosure Statement is utilized to address any inmate or facility concerns about his/her safety. A risk screening is conducted two (2) times per year and include questions about any harassment or concerns regarding safety and are documented in the case notes. All transgender and intersex inmates are provided the opportunity to shower separately from other inmates if requested. A review of one MDT Meeting memorandum discussed an interview with the inmate about his own perception of safety and addressed prior hormone therapy prior to the determination of placement.

In interviews with two inmates who reported being LGBTI, one indicated he was gay and the other did not disclose to the auditor. The inmate who identified himself as gay reported that he has never been placed in housing based on his gender identity. The PREA Coordinator reported they do not have any special housing for LGBTI inmates, that all inmates are treated similarly in housing decisions unless there is a concern for their safety.

The facility utilized the Case Plan to document an inmates concerns about their safety. A notation is made in the Case Notes to document a review of the inmate’s classification. Any Known Victims complete the Safety Disclosure Statement to allow them to express any concerns they have with being placed in the facility and allowing them to identify if they would prefer single cell housing.

Based on the pre-audit information, policies reviewed, documents reviewed, and staff interviews, the auditor has determined the facility meets the requirements of the standard

Standard 115.43 Protective custody

- 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires that inmates identified as high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Allows for the temporary holding, less than twenty-four (24) hours, in involuntary segregated housing or in temporary protective custody only if the facility cannot conduct such an assessment immediately.

Suicide Risk Indicators Checklist for Segregated Inmates Form: Required to be completed when any inmate is brought into a segregated housing unit.

Warden's Memo, dated April 25, 2017, confirms that the facility does not have risk-based dedicated housing. No inmates interviewed reported being placed in involuntary segregated housing due to being identified as at risk of victimization. One staff interviewed reported that he has been working at the facility for over two (2) years and has never seen an inmate placed in segregated housing due to being identified as a high risk to victimization. He did report that any inmate placed in segregation is seen initially and a review is conducted weekly until they are transferred or released.

The Warden reported that they do not place inmates at high risk of victimization in involuntary segregated housing in order to provide separation from likely abusers as a matter of practice. Should a concern arise, it may be used for a few hours in order to make arrangements for housing changes or facility changes.

Based on the pre-audit questionnaire, policy review, documentation observation, and interviews, the auditor has determined that the facility meets the requirements of the standard.

Standard 115.51 Inmate 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.

Policy & Procedure 3.402 "PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES", effective 7/1/16: Requires the agency to provide multiple ways for inmates to report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

E-Mail communication between Agency PREA Wyoming Department of Corrections works closely with the Wyoming Coalition Against Domestic Violence and Sexual Assault (WCADVSA) in ensuring that inmates have access to external reporting methods.

Wyoming Department of Corrections PREA brochure identifies the following ways for inmates to report sexual abuse or sexual misconduct: Verbal report to staff, written report to staff, and the Wyoming Department of Corrections Hotline phone numbers – 307-REPORT1 which is available only within the facilities. Posters in the facility offer contact information for external reporting to Just Detention International (JDI) or the American Civil Liberties Union (ACLU). Additionally, the facility also offers Gochen County Task Force of Family Violence and Sexual Assault as a means to report sexual abuse and sexual harassment and this is displayed in poster form throughout the facility. An MOU with FOCUS, the local rape crisis center, is in the process of review and would require the Agency to offer inmates with confidential, twenty-four (24) hours access to their crisis hotline (1-307-746-3748), at no cost, through the inmate telephone system.

Interviews with inmates found that they were aware of how to report sexual abuse and sexual harassment, both externally and internally, through written or verbal communication. Information on how to report is posted throughout the facility. Staff report that they are required to accept sexual abuse and sexual harassment allegations verbally and in writing. All staff reported that they can call the hotline number to report outside of the facility if necessary. A review of allegations of abuse found that one was reported directly to a staff member who then made appropriate notifications for the investigation.

Based on the pre-audit questionnaire, documentation reviewed, policies reviewed, and interviews with staff and inmates, the auditor has determined the facility exceeds the requirements of the standard based on the variety of both internal and external means of reporting sexual abuse and sexual harassment.

Standard 115.52 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.

Policy & Procedure 3.100 INMATE COMMUNICATION AND GRIEVANCE PROCEDURE, effective 02/15/2017: Prohibits an impose time limit on the submission of a grievance regarding an allegation of sexual abuse. Prohibits the requirement that an inmate must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse. Allows an inmate to submit a grievance without submitting to a staff member who is the subject of the complaint, and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint. Requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by inmates preparing any administrative appeal. Allows the agency to claim an extension of time to respond to a grievance, up to seventy (70) days, with notification to the inmate. Allows for third parties to assist an inmate in filing a grievance alleging sexual abuse and permits third parties to file such requests on behalf of inmates. Allows the facility to request the alleged victim to agree to third party grievances alleging sexual abuse. Establishes an emergency grievance for an inmate that is subject to a substantial risk of imminent sexual abuse, including an initial response within forty-eight (48) hours and a final response within five (5) days. Prohibits the discipline of an inmate for filing a grievance related to sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Warden’s Memo, dated March 28, 2017, confirmed no grievances alleging sexual abuse or sexual harassment has been filed in the past twelve (12) months. In an interview with grievance staff, there have been no allegations of sexual abuse or sexual harassment filed through by grievance. He reports that there have been no third-party grievances filed. Emergency grievances are available and he reports they must respond within twenty-four (24) hours and provide a final determination within seventy-two (72) hours. A grievance box is located outside the kitchen where all inmates have access.

Based on the pre-audit questionnaire, documents reviewed, policies reviewed, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.53 Inmate 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the facility to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. Requires reasonable communication between the inmates and these organizations/agencies. Provides that inmate notification on the monitoring of communication will be noted in Policy & Procedure 5.401 “INMATE MAIL” and Policy & Procedure 5.402 “INMATE TELEPHONE ACCESS”.

The agency is currently reviewing a MOU with FOCUS, Inc. – the local rape crisis center who is able to provide outside confidential services. Prior to this MOU, the facility had an MOU with Gochen County Task Force of Family Violence and Sexual Assault. FOCUS offers a confidential twenty-four (24) hour hotline that will be made available to inmates. In the meantime, inmates may request services through the facility PREA Compliance Manager who will refer the inmate to an appropriate counselor or provide communication with

FOCUS.

Interviews with inmates found that many were unaware of any available emotional support services. After a discussion with the facility, the facility conducted training with all inmates on how to access support services through the facility PREA Compliance Manager. Proof of training and the training materials were provided to the auditor prior to the writing of this report.

Based on the pre-audit questionnaire, policy review, document review, interviews with staff and inmates, and facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.54 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.

Facility posters identify a phone number for friends and families of inmates to call if they wish to report sexual abuse or sexual harassment. This number goes directly to the Wyoming Department of Corrections, where the call is referred for investigation through a report to the individual facility. The Agency website provides phone numbers for both inmates and third-party reporting. Additionally, there is a link to send an e-mail directly to the Agency PREA Coordinator.

Based on the pre-audit questionnaire, review of the agency website, observation at the facility, and interviews, the auditor has determined the facility exceeds the requirements of the standard based on the numerous ways for third-party reporting and notification on how to report.

Standard 115.61 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against an inmate or staff for reporting such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Requires any information to be immediately forwarded to the appropriate CEO to initiate the appropriate follow-up actions, to put in writing and forwarded up the chain of command or by sending the information directly to the appropriate CEO or other administrative staff person, or report directly to the Investigative Unit (IU) when they feel that following the chain of command would jeopardize the investigation. Prohibits staff from revealing any information unrelated to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Requires medical and mental health practitioners to inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. Requires that regardless of non-statutory confidentiality obligation, all staff have an affirmative duty to report any allegation of sexual

assault. Requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency's designated investigators.

Staff interviews confirmed their knowledge to follow the chain of command or to report directly to the facility PREA Compliance Manager or Investigator. Many reported that they could call the Central Office or the Hotline if they felt it was not in the best interest to follow the chain of command. Interviews with staff also found that they were not familiar with state child abuse or state elder abuse laws. In discussion with the facility administration, the facility conducted training for all staff. A copy of the material utilized to train staff and staff acknowledgement of training by their signature or electronic signature was received by the auditor prior to the writing of this report. The Warden reported that all allegations of sexual abuse or sexual harassment are reported to the facility PREA Compliance Manager and the Investigator. The Warden also reported that allegations made by a person under the age of eighteen (18) or meets the state definition of elder would be reported to the Department of Health & Welfare.

Based on the pre-audit questionnaire, policies reviewed, documentation reviewed, interviews with staff, and the facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.62 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.

Policy & Procedure 3.402 "PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES", effective 7/1/16: Requires the facility to take immediate action to protect an inmate who is subject to a substantial risk of imminent sexual abuse.

The Director reports that there would be an immediate removal of an inmate who is at risk of imminent sexual abuse and a response by the facility to isolate the threat. The Warden reports that that any information received that alleges an inmate is at substantial risk of imminent sexual abuse would require immediate removal of the inmate from all other inmates and the Investigator and facility PREA Compliance Manager would be notified immediately. The facility would then have a staffing to determine appropriate housing options – internal or external to the facility – to ensure the safety of the inmate. Staff interviews confirmed the need to immediately separate and notify the Investigator and the facility PREA Compliance Manager.

The facility reports no instances of an inmate being identified as at risk of imminent sexual abuse in the past twelve (12) months.

Based on the pre-audit questionnaire, documentation reviewed, and interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.63 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the head of the facility to notify the head of the facility or appropriate official of the agency where the alleged abuse occurred if in receipt of an allegation of abuse while confined at another facility. Requires notification be made within seventy-two (72) hours and must be documented. Requires an investigation if in receipt from another facility or agency.

Per Warden’s memo, dated March 7, 2017, there have been no allegations made that an inmate was sexually abused while at this facility.

In an interview with the Director and the Warden, both reported that immediate notification to another facility would be made if the agency was in receipt of information regarding a sexual abuse that occurred at another facility. Both the Director and Warden also reported that if they received information, an investigation is required by policy and would be completed.

Based on the pre-audit questionnaire, documentation reviewed, and interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.64 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires that all first responders will separate an alleged victim from others, request steps to prevent the destruction of evidence, protect and preserve the crime scene, and to notify a supervisor. Also requires that if the incident was reported within a time period that still allows for the collection of physical evidence, that the alleged abuser does not take any actions that could destroy physical evidence. Requires if the first responder is not a security staff, the staff will request the victim not take actions that could destroy physical evidence and to notify security staff.

Interviews with random staff found that they were well versed in the requirements of a first responder. They were able to articulate all steps clearly. However, many of the staff addressed that they would collect evidence. In a discussion with the facility administration, they addressed this with staff prior to the writing of this report. A copy of the material used to retrain staff and electronic acknowledgement of the training was provided to the auditor.

A review of an alleged complaint, the inmate was immediately taken to medical where it was discovered through interview that the inmate had not been sexually abused.

Based on the pre-audit questionnaire, documentation reviewed, staff interviews, and the facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.65 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires a written coordinated response plan that coordinates actions to be taken by first responders, medical staff, mental health staff, investigators, and facility leadership in response to an incident of sexual abuse.

Sexual Assault Checklist, Form 357 – a checklist of actions required to be completed in response to an incident of sexual abuse. This form allows for documentation of information regarding the first responder duties that includes the date and time the activity was completed and to whom the information was shared.

The facility has a Coordinated Response Plan that addresses the actions required by first responders, medical staff, mental health staff, investigators, and facility leadership when an incident of sexual abuse is reported.

In an interview with the Warden, he reported that the Watch Commander is required to document the activities of staff when an allegation of sexual abuse is reported through the use of Form 357.

A review of a file that contained Form 357, it was noted that the form was filled in as required, including whether or not the report was made within 72 hours.

Based on the pre-audit questionnaire, documentation reviewed, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.66 Preservation of ability to protect inmates 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.

In an interview with the Director, it was reported that the agency does not enter into agreements with collective bargaining units.

Warden’s memo, dated April 10, 2017, states that the facility did not enter into any collective bargaining unit agreements.

Based on the pre-audit questionnaire, documentation reviewed, and staff interview, the auditor has determined that this standard is not applicable.

Standard 115.67 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the facility to conduct retaliation monitoring for those who report sexual abuse or sexual harassment, victims, and those who cooperate with a sexual abuse or sexual harassment investigation. Monitoring is required to be in place for a minimum of ninety (90) days, unless unfounded, with periodic status checks, and shall employ multiple protection measures to protect inmates and staff from retaliation.

The facility utilizes a PREA Retaliation Tracking Form that documents the periodic status checks during the ninety (90) day monitoring period. It requires review of programming, disciplinary issues, grievances, and interview with an inmate for inmate monitoring, and a review of shift changes, change in primary duties, disciplinary action, negative performance reviews and interview with staff for staff monitoring.

During the file review, PREA Retaliation Tracking forms were reviewed and were completed as required.

In an interview with the facility Compliance Manager who is responsible for Retaliation Monitoring, she reports that she monitors for a minimum of ninety (90) days and conducts thirty (30) day periodic checks that are documented. She arranges support services as requested or identified based on the monitoring. Protections used may include housing or programming changes. If required based on information obtained or an expression of fear she can monitor beyond ninety (90) days and this is documented on the PREA Retaliation Tracking form. Additionally, retaliation monitoring is noted in the inmate’s case notes.

Warden’s Memo, dated May 15, 2017, there has not been a report of a person expressing a fear of retaliation in relation to their cooperation or involvement in a PREA investigation.

Based on the pre-audit questionnaire, documentation reviewed, and staff interview, the auditor has determined that the facility exceeds the requirements of the standard in that there is a clear system to monitor staff and inmates for retaliation, a process to conduct periodic checks, and a form that addresses the components of the standard for appropriate documentation.

Standard 115.68 Post-allegation protective custody

- 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires that inmates identified as victims of sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Allows for the temporary holding, less than twenty-four (24) hours, in involuntary segregated housing or in temporary protective custody only if the facility cannot conduct such an assessment immediately.

Suicide Risk Indicators Checklist for Segregated Inmates Form: Required to be completed when any inmate is brought into a segregated housing unit.

Warden’s Memo, dated April 25, 2017, confirms that the facility does not have risk-based dedicated housing. Warden’s Memo, dated April

18, 2017, reports that the facility has not used involuntary segregation as a means to separate a victim of sexual abuse. No inmates interviewed reported being placed in involuntary segregated housing due to having reported a sexual abuse. One staff interviewed reported that he has been working at the facility for over two (2) years and has never seen an inmate placed in segregated housing due to being identified as a high risk to victimization or victim of sexual abuse. He did report that any inmate placed in segregation is seen initially and a review is conducted weekly until they are transferred or released.

The Warden reported that they do not place inmates who alleged sexual abuse in involuntary segregated housing in order to provide separation from likely abusers as a matter of practice. Should a concern arise, it may be used for a few hours in order to make arrangements for housing changes or facility changes.

Based on the pre-audit questionnaire, policy review, documentation observation, and interviews, the auditor has determined that the facility meets the requirements of the standard.

Standard 115.71 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.

Policy & Procedure 1.014 “INVESTIGATIONS”, effective 10/1/2016: Requires criminal and administrative investigations for all allegations of sexual abuse or sexual harassment be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous. Requires investigations by the Investigations Unit (IU) if staff is alleged to be involved in an allegation of sexual abuse or sexual harassment. Requires all investigations to be conducted by staff who have received specialized training. Requires the gathering and preserving of all evidence, including physical, DNA, electronic, interviews, and a review of prior complaints/reports of sexual abuse involving the suspected perpetrator. Requires compelled interviews only after consulting with prosecutors. Addresses credibility of alleged victims, suspects or witnesses. Prohibits the requirement of a polygraph examination or other truth-telling method for the victim. Requires the continued investigation if the alleged abuser has departed from employment or from the control of the Department. Addresses administrative investigation outcomes. Requires all investigations to be documented in a written report that includes a complete description of all evidence. Requires substantiated allegations of conduct that appears to be criminal be referred for prosecution. Requires the retention of reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

In an interview with an investigator, he reported that all investigations begin immediately upon notification. He is initially briefed by the Shift Commander, provided the location of the alleged victim and perpetrator, initiates mental health services, and interviews the victim in order to determine his next steps. He reports that the investigative process includes interviews, collection of evidence from persons and from the crime scene, and the review and collection of electronic evidence. He reports that all allegations made by the victim, witness, anonymous or by a third-party are investigated the same. He reports that the Newcastle Police Department is notified if evidence of a prosecutable crime may have taken place. He reports that credibility of an alleged victim, suspect or witness is judged truthful until found not credible and that no polygraph or other truth-telling methods are utilized in order to proceed with an investigation. The Investigations Unit (IU) conducts staff involved sexual abuse or sexual harassment allegations and that the investigation does not stop if the staff leaves the facility or terminates employment. He reports he acts in a support role when outside agencies investigate allegations.

In a file review, the reports clearly documents the evidence collected including specifics from the interviews, and, in one case, the turning over of the investigation to the Central Office Investigations Unit (IU) due to staff involvement.

Warden’s memo, dated April 10, 2017, reports that there have been no allegations that were referred for criminal prosecution.

Based on the pre-audit questionnaire, policy review, documentation observation, and interviews, the auditor has determined that the facility meets the requirements of the standard.

Standard 115.72 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires that the facility impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

In an interview with the Investigator, he reported that a preponderance of the evidence is the standard required to substantiate an allegation of sexual abuse or sexual harassment.

A review of investigations was completed and meets this requirement.

Based on the pre-audit questionnaire, documentation review, policy review, and interviews, the auditor has determined that the facility meets the requirements of the standard.

Standard 115.73 Reporting to inmates

- 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires notification to the victim of the outcome of an investigation of sexual abuse. Requires the collection of relevant information to inform the inmate of the outcome of an investigation conducted by the investigating agency if the facility did not conduct the investigation. Requires notification to the inmate of the staff member’s status if the staff member is no longer posted or employed at the facility or has been indicted or convicted of the sexual abuse. Requires notification to the inmate of another inmate’s status if the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. Requires all notification or attempted notifications to be documented. Allows the agency’s obligation to report under this standard to be terminated if the inmate is released from the agency’s custody.

The Warden reported that the facility PREA Compliance Manager makes all victim notifications. The Investigator confirmed that the facility PREA Compliance Manager makes all victim notifications.

A file review showed written documentation of the notification of investigation outcomes to the victim.

Based on the pre-audit questionnaire, documents reviewed, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.76 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.

Policy & Procedure 1.215 “CODE OF ETHICS”, effective 10/15/2016: Requires that any staff convicted of a crime is grounds for disciplinary action up to and including dismissal depending on the nature of the crime and the employees’ job responsibilities. Requires the agency to submit criminal convictions to the Director of the Wyoming Peace Officers Standards and Training Commission (POST) for their determination of any administrative actions regarding the employee’s POST certification. Requires the any employee who are decertified as a result of a criminal convictions will be removed from that position.

There were no reported investigations where staff were criminally charged, or disciplined for a violation of the agency zero-tolerance policy. One file reviewed suggested an inappropriate relationship between a staff and inmate. While there was no substantiated information noted in the report, the investigation was turned over to the Central Office Investigations Unit (IU). The staff ultimately resigned their position.

Based on the pre-audit questionnaire, policy review, and document review, the auditor finds the facility meets the requirements of the standard.

Standard 115.77 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Prohibits any contractor or volunteer who engages in sexual abuse from contact with inmates and that such activity shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Warden’s memo, dated March 7, 2017, confirms that there was no disciplinary action towards a contractor or volunteer for allegations of sexual abuse.

Based on the pre-audit questionnaire, policy review, and staff interview, the auditor has determined the facility meets the requirements of the standard.

Standard 115.78 Disciplinary sanctions for inmates

- 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Allows inmate disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt of inmate-on-inmate sexual abuse. Confirms the agency prohibits all sexual activity between inmates and allows for the discipline of inmates for such activity. Requires disciplinary sanctions shall be in accordance with policy 3.101. Allows for the disciplinary action towards an inmate when any sexual misconduct with a staff when the investigation determines the staff did not consent to such contact.

Policy & Procedure 3.102 “INMATE DISCIPLINARY PROCEDURES”, effective 9/1/16: Allows for disciplinary sanctions towards an inmate following a formal disciplinary process that an inmate engaged in inmate-on-inmate sexual abuse. Requires sanctions to be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Requires consideration whether an inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Requires the consideration whether to require the offending inmate to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available. Requires that good faith reports of sexual abuse shall not be disciplined.

One file was reviewed that showed disciplinary action taken after the formal disciplinary process. A Conduct Violation Report was within the file that showed inmate’s rights, notification of the date and time of the formal hearing, documentation of the inmate’s request to be present, and the outcome. The Warden confirmed in his interview that sanctions are addressed at a formal disciplinary hearing and that mental health is conferred with before sanctions are determined. He also stated that disciplinary action can include a change in custody level, segregation time, loss of good time and law enforcement charges, if applicable.

Based on the pre-audit questionnaire, documentation review, policy review, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires referral to a medical or mental health professional within fourteen (14) days if during the screening an inmate reports prior sexual victimization or has previously perpetrated sexual abuse. Limits access to the screening information to medical and mental health

practitioners, and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Requires medical and mental health to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen (18).

Mental Health/Suicide Prevention Screening: Tool used to document an inmate’s history of sexual abuse or predatory behavior by a mental health professional.

Consent for Use & Disclosure of Health Information: Tool used to document inmates consent for the sharing of protected health information to carry out treatment.

Staff who conduct the risk screening reported that the system automatically makes a referral to medical/mental health when information is uploaded into the system regarding prior sexual victimization or the perpetration of sexual abuse. Medical and mental health staff report that they obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. Informed consent process for inmates under the age of (18) is related only to STD information.

A review of documents shows the auto referral and follow-up by medical and/or mental health staff within fourteen (14) days.

Based on the pre-audit questionnaire, policy review, documentation observed, and staff interviews, the auditor has determined the facility exceeds the requirements of the standard based on the auto referral system to ensure appropriate follow-up for inmates who report a prior sexual victimization or perpetration of sexual abuse.

Standard 115.82 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires timely, unimpeded access to emergency medical treatment and crisis intervention services to victims of sexual abuse. Requires the notification to medical and mental health staff if there is no qualified medical or mental health practitioners on duty at the time of the report of recent abuse is made. Requires victims be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Provides for treatment services 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.

Medical and mental health staff interviewed reported that immediate access to services are available. Mental health staff report that a crisis assessment is completed within twenty-four (24) hours of a report of sexual abuse. Services provided are determined per expertise/professional judgment and medical nursing protocols and policies. Access to sexually transmitted infection prophylaxis will either begin at the hospital or per physician orders at the facility.

Based on the pre-audit questionnaire, policy reviewed, documents observed, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.83 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the facility to attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health professionals. Requires victims to receive appropriate evaluations and treatment services as determined by medical and mental health practitioners. Requires victims of sexual abuse be tested for STD’s and the provision of follow-up care. Provides for treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In an interview with mental health staff, it was reported that services to known abusers and victims could include follow-up services, treatment plans, and referrals. Both medical and mental health staff report that services are consistent if not better than the community level of care. There are no females at this facility, and therefore services regarding pregnancy are not applicable.

During the interview, it was determined that staff were unaware of outside emotional support services that were available. After discussion with the facility administration, the facility conducted training with appropriate staff to ensure they were aware of services available through FOCUS.

Documentation was reviewed of the services provided to a victim. The information is consistent with the policy and information gained from the interview.

Based on the pre-audit questionnaire, policy review, documentation review, staff interviews, and facility follow-up, the auditor has determined the facility meets the requirements of the standard.

Standard 115.86 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires 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. Requires the sexual abuse incident review to be conducted within thirty (30) days of the conclusion of the investigation. Requires the review team to include upper-management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Requires the review of the allegation for: the need for policy or practice change, motivation for the incident, check of the physical area for barriers, staffing levels at the time of the incident, and information regarding any enhancement of current monitoring technology. Requires a written report completed that includes any recommendations and corrective action, as well as documentation showing implementation of the recommendations or the reason for not implementing the recommendations.

Sexual Abuse Incident Review Form: The form that addresses all components of the standard for review in cases of sexual abuse incidents

that meet the requirement for a sexual abuse incident review. Allows for documentation of the various team members, including security, medical, mental health, maintenance, unit manager, program manager/case team leader, facility PREA Compliance Manager, Associate Warden and Warden.

A review of three Sexual Abuse Incident Reviews found that the reviews were conducted within thirty (30) days and all components of the standard were addresses as required. Additionally, the Director reviews any Corrective Action Plan that is created due to a sexual abuse incident review prior to the closure of the Corrective Action Plan and this is documented in letter form in the file.

In an interview with the Associate Warden of Operations, he reports that incident review process includes policy review, staffing review, camera/blind spot checks, and training needs are addressed. He referred to the process as “Lesson Learning Process” that enables the facility to prevent further incidents of sexual abuse. In an interview with the Warden, he reports that the following persons are a part of the incident review team: himself, facility PREA Compliance Manager, Chief of Security, medical staff, mental health staff, and maintenance.

Based on the pre-audit questionnaire, policy review, documentation review, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.87 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the agency to collect the incident-based sexual abuse data annually. Requires information gathered to include information that answers, at a minimum, the Department of Justice Survey of Sexual Violence (DOJ-SSV). Requires the agency maintain, review and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. Requires the collection of same information from private agencies with whom it contracts for the confinement of its inmates. Requires the Agency PREA Coordinator to collect all necessary reports and information from completed investigations as required by the DOJ-SSV. Requires the annual submission to the BJS that includes SSV information and make this available no later than June 30 of each year.

In an interview with the Agency PREA Coordinator, he reports that he gathers the information and makes this available each year through the DOJ-SSV as requested. He reports that he maintains all documents as required by policy. An annual report is also created that addresses all information reported in the calendar year and is addressed agency wide and facility specific. The last annual report available in 2016.

Based on the pre-audit questionnaire, policy review, and staff interview, the auditor has determined the facility meets the requirements of the standard.

Standard 115.88 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.

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In an interview with the Director, he reports that the annual report is an opportunity to identify problem areas and address any needed corrective action. He reports that this is made available to the public on the agency website.

A review of the 2016 Annual PREA addresses comparison data between the current year’s data and prior years, facility comparison data, corrective actions taken, the agency’s progress in addressing sexual abuse, and results of PREA Audits conducting during the year, This report and prior year’s reports are available on the state agency website. There is no information that would require redaction present in the report.

Based on the pre-audit questionnaire, document review, policy review, and staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.89 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.

Policy & Procedure 3.402 “PROTECTION FROM SEXUAL MISCONDUCT AGAINST INMATES”, effective 7/1/16: Requires the agency to ensure data collected is securely retained. Requires aggregated sexual abuse data is made readily available to the public annually through its website. Requires the agency to remove all personal identifiers from the annual report. Requires the retention of data collected for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Wyoming PREA Data Collection Retention Schedule: Requires retention for ten (10) years after completion and then to be destroyed.

In an interview with the Agency PREA Coordinator, he confirmed that data is collected and securely retained for a minimum of ten (10) years. A review of the agency’s website found the annual reports made public with no personal identifiers. The 2016 annual report was reviewed and there was no information redacted that required the nature of the material to be identified.

Based on the pre-audit questionnaire, document review, policy review, and staff interviews, the auditor has determined the PREA Audit Report

facility meets the requirements of the 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman Rodgers

August 3, 2017

Auditor Signature

Date