

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: July 28, 2017

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| Auditor Information | | | |
| Auditor name: Bobbi Pohlman-Rodgers | | | |
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| Telephone number: 954-818-5131 | | | |
| Date of facility visit: June 28-30, 2017 | | | |
| Facility Information | | | |
| Facility name: Wyoming Women's Center | | | |
| Facility physical address: 1000 W Griffith, Lusk, WY 82225 | | | |
| Facility mailing address: (if different from above) P.O. Box 300, Lusk, WY 82225 | | | |
| Facility telephone number: 307-334-3693 | | | |
| 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 Rick Catron | | | |
| Number of staff assigned to the facility in the last 12 months: 121 | | | |
| Designed facility capacity: 275 | | | |
| Current population of facility: 249 | | | |
| Facility security levels/inmate custody levels: Minimum through Maximum | | | |
| Age range of the population: 19-69 | | | |
| Name of PREA Compliance Manager: Jeremy Gray | | Title: Sergeant | |
| Email address: jeremy.gray@wyo.gov | | Telephone number: 307-334-3693 | |
| Agency Information | | | |
| Name of agency: Wyoming Department of Corrections | | | |
| Governing authority or parent agency: (if applicable) State of Wyoming | | | |
| Physical address: 1934 Wyoatt Drive, Suite 100, Cheyenne, WY 82002 | | | |
| Mailing address: (if different from above) 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 | |
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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 Women's Center.

Prior to March 15, 2015, the auditor sent to the facility pre-audit notices that were to be displayed by March 17, 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 April 1, 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.

Originally scheduled to begin on June 29, 2017, the auditor made arrangements to tour the facility on June 28, 2017. The auditor met with Warden Catron and Facility PREA Compliance Manager/Sergeant Gray. After a brief meeting and plan for the following day, the Facility PREA Compliance Manager accompanied the auditor on a tour. The auditor was permitted in all areas of the facility. The tour took approximately three (3) hours and included all eleven (11) housing areas, programming and education areas, medical, dental, beauty shop, IT and Maintenance storage areas, Booking, East Control, Main Control, Kitchen, Dry Storage, Dining, Outdoor recreation, Indoor recreation, Library, Chaplain Office, Loading Bay, Garment, Warehouse/Laundry, Control Corridor, Atrium, Tilapia farm (Industries), Maintenance, Training Room, Visitation, and all Offices.

On June 30, 2017, the auditor arrived at the facility and met with Warden Rick Catron, Facility PREA Compliance Manager/Sergeant Jeremy Gray, Associate Warden Martha Decker, Health Services Administrator Amy Strauch, Unit Manager Anna Reedy, Maintenance Manager Steve Gisi, Human Resources Coordinator Mark Counterman, Business Manager Ashley Miller, ITU Program Director Mary Hauswirth, Food Service Manager Maryella Broberg, Captain Jessica Cisneros-Yeager, Education Manager Mike Quillen, and Industries Manager Heidi Atwood. The auditor introduced herself and discussed the schedule for the two (2) day audit, in addition to the tour that occurred the day prior. 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 eleven (11) random inmates to be interviewed, to include one (1) inmate who wrote to the auditor, two (2) inmates who reported a current allegation where the investigation had closed, and one (1) who reported an alternative lifestyle. The remaining inmates were selected randomly by housing unit. There were no inmates who reported being Limited English Proficient or who had a disability that required assistance with understanding PREA information. The Facility PREA Compliance Manager reported that two (2) inmates had independently requested to speak with the auditor and therefore an additional (2) inmates were interviewed by the auditor. 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: Warden, Facility PREA Compliance Manager, Upper Level Management staff, Medical staff, Mental Health staff, Human Resources staff, Contractor, Investigator, Intake staff, Risk Screening staff, Segregation staff, Incident Review staff, Grievance Officer, Retaliation monitor, and two (2) First Responder staff. The Agency

Director, Agency PREA Coordinator, and Contract Administration Staff were interviewed on June 25-26, 2017 by this auditor and these interviews were used in the auditing of this facility.

A total of twenty-one (21) hours was spent at the facility, which includes an evening visit to conduct over-night staff interviews. The on-site audit was completed on the third 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: Wyoming Division of Prisons Administrator Dan Shannon, Agency PREA Coordinator Scott Abbott, Warden Rick Catron, Facility PREA Compliance Manager/Sergeant Jeremy Gray, Associate Warden Martha Decker, Lieutenant Amanda Kraft, Unit Manager Anna Reedy, and Human Resources Coordinator Mark Counterman. The auditor discussed the following standards: 115.16, 115.17, 115.31, and 115.68. All standards required additional documentation to be provided to the auditor. Some of the standards required refresher training for 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's Women's Center (WWC) was first established on June 20, 1977 and was temporarily located on Wyoming State Hospital grounds in Evanston, Wyoming. In 1980, the Wyoming State Legislature formally created the Women's Center, and by 1981 had authorized the establishment of a permanent facility in Lusk, Wyoming. The permanent facility was built on seventy-one (71) acres of state property.

In 1996, housing capacity was increased to one hundred forty-four (144) beds by placing double bunks in the west end of the facility. Due to the continued growth of the female offender population, a major addition was completed in 2007, nearly doubling the size of the facility from 72,000 square feet to 140,000 square feet.

The original housing capacity of the Women's Center facility was eight-two (82) beds, and with recent construction, the housing capacity has increased to two hundred sixty-one (261) in the main facility and an additional thirty-two (32) beds in the Intensive Treatment Unit. Additionally, the kitchen and dining areas were expanded, new educational, vocation and industries were added. In 2015 a new warehouse was built due to the intense flooding of the area that destroyed the former warehouse.

The Wyoming's Women's Center is a comprehensive correctional center that serves as Wyoming's lone adult female facility. As the only facility, WWC houses all custody levels, from minimum through maximum inmates. A variety of offender housing includes small dormitories, multi-offender rooms, and smaller two-person rooms, as well as some single cell housing for disciplinary purposes and for those who require a higher level of supervision and control.

Programming includes GED classes, computer classes, parenting classes, workforce development, and critical thinking. Vocational opportunities include the fish farm, waste water certification, garment industry, welding instruction, plumbing, basic vehicle maintenances, grounds keeping, culinary arts and dietary management training.

The Warden is a new addition to the facility. With forty (40) years of corrections experience, he entered the Agency in March 2017.

The facility is contained within one primary complex; a multi-story building that is actually a series of interconnected structures that provide offender housing, recreation, program space, administrative offices, and industries. The Aquaculture Program is another structure on the property, a large warehouse style building where inmates raise tilapia which is sold as a partial revenue source to fund the program. A second building to house the Mother/Child Program which has the capacity to hold eleven (11) inmates with children is located on the property; however, this program is currently pending funding.

Entering the facility, the auditor noted a non-secure area with information for visitors. There is a door that leads to a staff locker room. Prior to entering through the door into the secure area, all persons are required to enter a metal detector, with a secondary check as needed. The Main Control is located immediately upon entrance to the facility. All staff are required to check in and provide their ID badges. An automated key control board is located close by to allow staff to turn in their personal keys and collect their assigned keys. In discussion with the Facility PREA Compliance Manager, keys are assigned only for those areas that the post requires which reduces the number of areas where staff have access.

There are one hundred and sixty (160) cameras in the facility that are accessible to the Main Control staff, Warden, Facility PREA Compliance Manager, Lieutenants, and Sergeants. A review of the video system found that there are cameras in Housing Unit E3 as these cells can be used for inmates who report possible self-injurious behavior. All other cameras do not allow for the viewing of inmates who are toileting, showering or changing clothing.

There are administrative offices immediately upon entrance of the secure area, as well as located throughout the facility. All offices where inmates would have access have windows that allow for supervision, with few exceptions

in the main administrative area.

There is a central atrium that services as the hub of the facility. Access to the East Wing, Gymnasium and West Housing is through the atrium. The beauty shop is located in the atrium and offers windows that allow for supervision. The gymnasium is also located just off the atrium and offers a large area for a variety of recreational and crafts. Recreational activities here include volleyball, workout equipment and daily jogging, the facility offers workout classes 3-4 times per week.

The industries area includes a loading bay, garment shop, storage, warehouse and laundry. There are various cameras and windows in these locations to provide access to supervision and there were no blind areas noted by the auditor during the tour. The medical clinic contains a pharmacy, dental clinic and an infirmary with three (3) cells. Privacy in these three cells is through either a curtain or door. Access to this area is limited to those who have the consent of the Warden. There are two (2) examination rooms with windows, numerous offices with windows, and a staff breakroom with windows. The education area offers seven (7) classrooms, all with cameras and windows to the hallway.

The kitchen is a large area with three (3) cameras. The two (2) freezers and two (2) refrigerators contains windows. The dry storage room also contains a camera. The dining hall is large and supervision is provided through staff presence and cameras. The visitation area provides for contact and non-contact visitation. There are cameras in the area as well as the physical presence of staff for supervision.

The tilapia farm is open and functional seven (7) days a week. There are cameras in this area, as well as an unannounced rounds logbook. Additionally, there is a classroom and supervisors office that both contain windows. The maintenance area contains a tool room and both of these areas are under camera as well as staff supervision.

The East Control center has a view of Booking and housing units E1, E2 and E3. The booking area is where the Intake Case Worker is located. There is a hold cell, contact room, and a phone available for inmates where a poster on the facility zero-tolerance and how to report sexual abuse and sexual harassment was posted.

Housing Unit E1 is used for Disciplinary/Temporary Holding. There are single wet cells and a shower by which a metal door with window provides for offender privacy. There is one phone on the wall. A grievance box is located is present. The auditor noted the presence of the Pre-audit Notice, Postings for both internal and external methods of reporting sexual abuse or sexual harassment, and the Helpmate Crisis contact information for both external reporting and outside confidential support services.

Housing Unit E2 in the Intake Housing. There are wet cells with bunkbeds and a shower by which a metal doors with window provides for offender privacy. There is one phone on the wall. A grievance box was noted located in the unit. The auditor noted the presence of the Pre-audit Notice, Postings for both internal and external methods of reporting sexual abuse or sexual harassment, and the Helpmate Crisis contact information for both external reporting and outside confidential support services.

Housing Unit E3 is used for Disciplinary/Temporary Holding. There are single wet cells and a shower by which a metal door with window provides for offender privacy. All cells contain cameras however these are not permitted to be viewed live unless the Warden provides specific consent as a result of offender safety or threats of self-injurious behavior. There is one phone on the wall. A grievance box was noted located in the unit. The auditor noted the presence of the Pre-audit Notice, Postings for both internal and external methods of reporting sexual abuse or sexual harassment, and the Helpmate Crisis contact information for both external reporting and outside confidential support services.

Medium custody housing Units 4, 5, 6, 7 are located down the West Housing hallway. Each of the units contain two-person wet cells with a dayroom located on the opposite side of the hallway. There are general showers with either a curtain or door to allow for privacy. There are two (2) phones in the hallway for offender use. A grievance

box was noted located in the unit. The auditor noted the presence of the Pre-audit Notice, Postings for both internal and external methods of reporting sexual abuse or sexual harassment, and the Helpmate Crisis contact information for both external reporting and outside confidential support services.

Minimum custody housing is located at the end of the West Housing hallway. The hallway provides a law library and meeting room. Additionally, there is an outside walking path that minimum custody inmates have access to.

Minimum custody housing Units 8 and 9 area identical. Each unit is two-tiers with double occupancy rooms whereby inmates have a key to their room. General bathrooms and showers are located at the end of the unit and through design, doors and curtains, inmates are offered complete privacy. There is also a washer and dryer located in each unit for offender use. There are five (5) phones for offender use. A grievance box was noted located in the unit. Unit 8 contains an office on the lower level and Unit 9 contains a holding cell on the lower unit. The auditor noted the presence of the Pre-audit Notice, Postings for both internal and external methods of reporting sexual abuse or sexual harassment, and the Helpmate Crisis contact information for both external reporting and outside confidential support services.

Intensive Treatment Unit 10 contains double-occupancy rooms. There is a general bathroom and showers with curtains and doors to provide privacy. Laundry facilities are available in the unit, as well as offices, conference room and a holding cell. There are three (3) phones for offender use. A grievance box was noted located in the unit. The auditor noted the presence of the Pre-audit Notice, Postings for both internal and external methods of reporting sexual abuse or sexual harassment, and the Helpmate Crisis contact information for both external reporting and outside confidential support services.

SUMMARY OF AUDIT FINDINGS

The facility staff were extremely open to the audit process and were very welcoming to the auditor. The Facility PREA Compliance Manager has been in his position for at least three (3) years, was extremely professional, and was well organized. This team works well together and this was apparent as staff checked in the Facility PREA Compliance Manager constantly to see he needed assistance gathering information. 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: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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 Facility PREA Coordinator as holding the position of a Correctional Sergeant. He reports spending approximately 10% of his time managing PREA related responsibilities for the facility since his creation of a system four (4) years ago. Coordinator of the facilities efforts to comply with PREA standards includes education of staff, tracking investigations, mock interviews, and retaliation monitoring. He takes the following actions after identification of an issue of compliance: discussions with the Associate Warden and Captain, staff training, SART meeting, and corrective action follow-up. He also maintains contact with the Agency PREA Coordinator for policy changes and discussion of compliance issues. He is extremely knowledgeable of PREA standards and the files he maintains for compliance purposes were detailed and very organized.

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. There are eighty-five (85) full time staff that includes fifty-five (55) security staff and ten (10) program staff. 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 (160 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.

The facility documents the unannounced rounds in numerous logbooks, depending on the area checked. Logbooks are located in segregation, all housing units, and industries. A review of the logbooks show documentation in that unannounced rounds are documented in red ink. In an interview with staff who conducts the rounds, she stated that these rounds occur one time per shift, are unannounced, are not scheduled, and include a review of inmate and staff interaction and staff positioning. She also reported that staff make rounds of the various areas every 30-40 minutes.

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 offender 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.

In discussion with the Facility PREA Compliance Manager and the Warden, no persons under the age of eighteen (18) are held at this facility.

Based on the information provided in the pre-audit questionnaire, policies reviewed, and interviews with staff, the auditor has determined this standard is Not Applicable.

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 male staff may be present at any time as a reminder.

Neither staff nor inmates reported that cross-gender searches are conducted. Staff interviews confirmed that they are aware of the policies and have received training on conducting searches of transgender or intersex inmates.

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 offender’s safety, performance of first responder duties, or an investigation of the offender’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. 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 signed acknowledgements of the training. Additionally, Language Line information was placed in the Duty Officer logbook for easy access when needed.

It is noted by the auditor that the Admission Classification form has an area where staff document any inmate with language barriers and any disabilities that would indicate information needed to be presented in an alternative manner.

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 offender’s release.

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

In an interview with the Human Resources staff, it was discovered that he joined the facility in January 2017 and that prior to his employment, the position was vacant for several months. He noted that upon his review of documents, he found that while background checks were being conducted for new hires and every five (5) years, he found holes where background checks were not completed for transfers or promotions and he has been actively getting these files updated. He also reported that prior incidents of sexual harassment is considered when hiring, promoting or enlisting the services of contractors. He reports that the background checks are completed at the Central Office. Prior employment information is available to all correctional agencies when the request is accompanied by a signed disclosure.

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. There were three (3) backgrounds that were not able to be gathered at the time of the on-site audit and these were sent to the auditor prior to the writing of this report. 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.

There has been no significant modifications to this existing facility, nor any significant updating of the video monitoring systems. In an interview with the Warden, he reported a new warehouse was built to replace the warehouse destroyed by the flood and this was started prior to his tenure at the facility. He did report that any movement of cameras is based on discussion on how best to reduce any blind areas.

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 offender. 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.

The facility has entered into a Memorandum of Understanding (MOU) with Helpmate Crisis Center and Crime Victim Assistance Program. The MOU details the responsibility to the contracted agency to provide support services to inmates that have been involved in sexual abuse incidents while incarcerated at Wyoming Women’s Center. The services include the provision of a victim advocate through the forensic medical examination process, investigatory interview(s), crisis intervention, information, and referrals. The MOU also includes the provision of confidential emotion support services related to sexual abuse to inmates who request the services.

Forensic examinations are conducted at Memorial Hospital of Converse County. In an interview with the Director of Emergency Services at Memorial Hospital of Converse County, it was reported that they have SANE services that are available twenty-four (24) hours per day and seven (7) days per week with an on-call. She also reported that the majority of the nurses are SANE certified.

In 2014, the Director sent a letter to the local law enforcement requesting their compliance with PREA standards in all sexual abuse investigations.

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/offender 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.

There were three (3) investigations within the past twelve (12) months. One (1) was reported to have occurred at another facility, one (1) alleged inmate-on-inmate sexual abuse, and one (1) alleged staff sexual abuse. One (1) allegation reported that occurred at another facility and will be addressed in PREA standard 115.63. The remaining two (2) allegations were referred for investigation by specially trained investigators at the facility. In an interview with the grievance officer, there were zero (0) grievances received that alleged sexual abuse or sexual harassment.

The Agency Director reported that all allegations of sexual abuse or sexual harassment receive an investigation, either internally or externally. External investigations may be conducted through the Lusk Police Department or the Niobrara County Sheriff's Office. 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, offender'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 signatures of staff indicating they received the training were sent to the auditor for review.

A sample review of training records confirmed that all employees received training annually (2014 – 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.

All volunteers and contractors are required to complete training as per policy. In an interview with a contractor, it was reported that training is received annually and includes the zero-tolerance policy, inmate rights, inappropriate interaction with inmates, and LGBTIQ. She reported that if she becomes aware of sexual abuse or sexual harassment she is to notify the shift commander, and preserve physical evidence. She reported that the inmate would be provided emotional support and sent to the local hospital for services. A review of her training records indicates that she has received the training as required by policy.

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 offender, 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, offender 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 offender is transferred to a different facility.

The facility provides a two-step process for offender 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 offender signature.

All inmates receive orientation beginning on the first day of their arrival and is thirty (30) days in length. Inmates are provided the Inmate Handbook which details the zero-tolerance policy and includes how to report and the Inmate Brochure on reporting sexual abuse or sexual harassment. A one (1) page document that describes the zero-tolerance policy is provided to inmates and includes an area for the inmate to self-report any fear or concerns about their safety. This is completed on the first day. Additionally, the staff who conducts intakes reports that all inmates are also provided a copy of the zero-tolerance policy, operations procedures, PREA video and an assessment of their vulnerability to being victimized or being sexually aggressive on the first day of an inmates arrival.

The auditor reviewed random files and found both the one (1) page zero tolerance policy statement and the signed acknowledgement of PREA Audit Report

watching the PREA video in all files. During random inmate interviews, all reported receiving information on the zero-tolerance policy and how to report on the first day. Additionally, the auditor viewed sexual abuse and sexual harassment reporting methods posted in all housing units.

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 offender handbook.

Based on information in the pre-audit questionnaire, policies reviewed, documents reviewed, tour, and interviews with staff and inmates, the auditor has determined the facility exceeds the requirements of the standard in that comprehensive education is conducted immediately upon an inmate's arrival and the facility allows inmates to document any fear or concern for their own wellbeing during intake.

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.

The pre-audit questionnaire indicated that there are (5) investigators that have received specialized training. IN an interview with an Investigator, she reported she received specialized training 3-4 years prior and has more recently completed the National Institute of Corrections Advanced Investigations Training. The training she has received has included Garrity/Miranda rights, outcome definitions, protective pairing, interviewing victims, professionalism, and evidence collections. A review of investigator files found certificates of completion of specialized investigative training.

Based on information in the pre-audit questionnaire, policies reviewed, documents reviewed, and interviews with staff, 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. Interviews with Corizon staff found that they are required to complete the volunteer/contractor PREA training annually and sign a PREA Staff Acknowledgement form that indicates they have received the appropriate training. Additionally, interviews with both medical and mental health staff provided dates for specialized training through NIC.

The auditor reviewed the training files for both medical and mental health staff and found appropriate documentation of required training.

Corizon staff interviews confirmed that forensic examinations are conducted at the Converse County Memorial Hospital, who has appropriately trained staff to conduct forensic examinations.

Based on the 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, Female Internal Classification Handbook, revised 04/20/2017: 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.

All new intakes receive an initial twenty-four (24) hour Risk Assessment and a Female Internal Classification Form that was dated within seventy-two (72) hours of an inmate’s arrival. All files reviewed found both documents. Additionally, many files reviewed found additional Female Internal Classification Forms completed after the initial intake form to show classification is conducted in an on-going basis for a variety of reasons, including allegations of sexual abuse or sexual harassment.

During an interview with the staff who conducts the risk assessment, it was reported that the Initial Risk Assessment is completed within twenty-four (24) hours and the Female Internal Classification is completed within seventy-two (72) hours. An external classification is completed within fourteen (14) days, and a vulnerability classification is completed within thirty (30) days. The screening takes into consideration the Pre-Sentence Information (PSI) that is received along with an interview with the inmate. The objective screening tool collects the offender’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 offender’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 Case Managers, Unit Managers, the Associate Warden, Warden and the Facility PREA Compliance Manager have access to the information within the form for purposes of determining housing. Risk assessments are conducted two (2) times per year for transgender and intersex inmates. The interviewee also confirmed that inmates are not disciplined for refusing to answer questions during the screening process.

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 offender’s arrival at the facility and a Female Internal Classification Form within seventy-two (72) hours and the consistency of reassessments being completed prior to the thirty (30) day window and at other times as identified/needed, that include sexual abuse or sexual harassment allegations.

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 of 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 offender’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 all information gathered is used to make housing, programming, bed assignments, and work assignments by the Unit Manager. Decisions for an offender who is identified as at-risk for sexual victimization is completed individually with the Safety Disclosure Statement.

The facility utilized the Internal Classification Form to document the outcome of the Female Risk Assessment and any housing or concerns are also noted here. These were observed in each file reviewed.

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 offender 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 she was gay and the other indicated she was lesbian. Both confirmed that they were not placed in any special housing as a result of this disclosure. The Agency 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.

Based on the pre-audit information, policies reviewed, documents reviewed, and inmate 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.

The pre-audit questionnaire does not disclose any inmates identified as high risk to sexual victimization being placed in involuntary segregated 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 she has been working at the facility for over seven (7) years and has never seen an offender placed in segregated housing due to being identified as a high risk to victimization. She did report that any offender placed in segregation is seen initially and a review is conducted monthly 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 Helpmate Crisis Center as a means to report sexual abuse and sexual harassment and this is displayed in poster form throughout the facility. An MOU with Helpmate Crisis Center is in place.

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. Helpmate Crisis Center information was noted posted in housing units as an additional external method of reporting. 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.

The auditor noted that the Inmate Grievance Notice is posted throughout the facility, reminding staff and inmates that “good faith comments will be treated confidentially, may not be a basis for retaliation, and will be utilized in the WDOC’s ongoing evaluation of the process”, and provides an address to send any written communication to the Director of WDOC. This also provides an additional method of reporting directly to the Director of WDOC.

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.

The pre-audit questionnaire notes that there have been no grievances received that alleged sexual abuse or sexual harassment. In an interview with the grievance coordinator, there have been no grievances receiving alleging sexual abuse or sexual harassment. 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.

The auditor noted that the Inmate Grievance Notice is posted throughout the facility, reminding staff and inmates that “good faith comments will be treated confidentially, may not be a basis for retaliation, and will be utilized in the WDOC’s ongoing evaluation of the process”, and provides an address to send any written communication to the Director of WDOC.

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 facility has entered into a Memorandum of Understanding (MOU) with Helpmate Crisis Center and Crime Victim Assistance Program. The MOU details the responsibility to the contracted agency to provide support services to inmates that have been involved in sexual abuse incidents while incarcerated at Wyoming Women’s Center. The services include the provision of a victim advocate through the forensic medical examination process, investigatory interview(s), crisis intervention, information, and referrals. The MOU also includes the provision of confidential emotion support services related to sexual abuse to inmates who request the services.

Interviews with inmates found that the majority were aware of any available emotional support services and that there is information posted in the housing units.

Based on the pre-audit questionnaire, policy review, document review, and interviews with inmates, 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. While the Warden was aware of additional outside reporting, he was unclear as to the agencies as he is fairly new in the position. He later 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. Two (2) allegations reviewed found that it was forwarded a specially trained Investigator.

Based on the pre-audit questionnaire, policies reviewed, documentation reviewed, and interviews with staff, 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 offender 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 offender is at substantial risk of imminent sexual abuse would require immediate removal of the offender 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 offender. 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 offender 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.

The pre-audit questionnaire notes that there has been one (1) allegation made that an offender was sexually abused while at another facility and there have been no allegations received by another facility of a sexual abuse or sexual harassment allegation made that occurred at this facility. The Warden reported that the one (1) allegation received was a sexual harassment allegation and it occurred at the county jail. He reported that the Jail was notified and this is documented.

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: separate the victim, protect the crime scene, request the victim did not take actions that would destroy evidence, and report to their immediate Supervisor. They were also able to articulate that the alleged perpetrator would be placed appropriately to prevent destruction of physical evidence.

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

Standard 115.65 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.

Wyoming’s Women’s Center Operational Procedure 3.402-1 RESPONDING TO PREA ALLEGATIONS, effective 05/15/2017: This is the facility specific Coordinated Response Plan that addresses all required components of a response plan, including instructions for first responders, reporting, investigators, evidence collection, medical and mental health.

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 immediate implementation of the operational procedure is required for allegations of sexual abuse, including the checklist to ensure documentation of activities as required.

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.

The pre-audit questionnaire documents that the facility did not enter into any collective bargaining unit agreements. This was confirmed in interviews with the Agency PREA Coordinator.

Based on the pre-audit questionnaire, 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 offender for offender monitoring, and a review of shift changes, change in primary duties, disciplinary action, negative performance reviews and interview with staff for staff monitoring.

Of the three (3) allegations of sexual abuse or sexual harassment, two (2) occurred within the facility and documentation confirmed that retaliation monitoring was conducted, including periodic status checks, as required by policy and PREA standards.

In an interview with the facility Compliance Manager who is responsible for Retaliation Monitoring, he reports that he monitors for a minimum of ninety (90) days and conducts thirty (30) day periodic checks that are documented. He reports he conducts face-to-face interviews, monitors disciplinary history, looks for disparity and movement as measures to detecting retaliation for inmates; for staff he monitors disciplinary action, attendance and posts. When first meeting with a victim or other person who reports retaliation for a sexual abuse or sexual harassment report, he makes initial contact and creates a file and tracking system. Should monitoring indicate a need for continued monitoring beyond the ninety (90) days, he would continue.

Based on the pre-audit questionnaire, 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.

The pre-audit questionnaire does not indicate the placement of inmates alleging sexual abuse in segregated housing. Two (2) investigations reviewed did not find the victim was placed in any restricted housing due to the allegation. This was confirmed with the staff who conducts

segregation; however, the staff did report that a victim would be placed in segregated housing if alleging sexual abuse in order to conduct an investigation. This was discussed with a few staff who also reported a “Temporary Restriction Order” would be put into place for the victim of sexual abuse until an investigation was completed. In discussion with the Facility PREA Compliance Monitoring and the Warden, it is clear that staff do not understand policy. Prior to the writing of this report, the facility conducted staff training on how to handle a victim of sexual abuse, including the prohibition of utilizing segregated housing unless all other resources have been deemed inappropriate. A copy of the training material and signed staff rosters were provided to the auditor.

Based on the pre-audit questionnaire, policy review, documentation observation, interviews, and the facility follow-up, 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 the investigator, she reported that all investigations would include an interview with the victim, any witnesses and the alleged perpetrator. She would be responsible for gathering physical evidence as well as any video monitoring that is available. If a PERK kit was completed at the hospital, she would receive a report of the results, as well as any medical or mental health records. During the investigation process, separation of the victim from the alleged perpetrator would be maintained, the alleged perpetrator being placed into segregation for the duration of the investigation. She reports that she would refer to the Central Office Investigations Unit (IU) for any allegation involving staff, or if prosecutable evidence is present in an inmate-on-inmate allegations before contacting local law enforcement. She reported that creditability of an alleged victim, suspect or witness is judged truthful until found not credible. She reports that the use of a polygraph is not required to continue 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. She also reports that she would act in a support role to IU or outside law enforcement if the investigation were handed over to them.

The pre-audit questionnaire notes that there was one (1) allegation turned over to law enforcement since 2012 and none in the past 12 months. Two (2) investigation that occurred in 2017 were investigated at the facility level. One (1) was determined to be unfounded. One (1) was turned over to IU for further investigation.

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, she reported that a preponderance of the evidence is the standard required to substantiate an allegation of sexual abuse or sexual harassment.

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.

File reviews show that notifications to victims were conducted.

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 was one (1) allegation of sexual abuse by a staff member. Further investigation confirmed that the staff violated the staff code of ethics and the staff was terminated. The investigation was sent to the Central Office Investigation Unit for further investigation and possible criminal charges. This case is ongoing.

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.

The pre-audit questionnaire noted zero (0) allegations against a contractor or volunteer. A review of the investigation files confirmed this report.

The Warden reported in his interview that if a contractor or volunteer is alleged to have violated the zero tolerance policy, they would be immediately escorted off the facility property and prohibited to reenter until an investigation is determined unfounded. Law Enforcement would also be notified to conduct the investigation.

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 (1) allegation in the past twelve (12) months showed an inmate alleged an inmate-on-inmate sexual abuse. Upon completion of the investigation an outcome of unfounded was made.

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 staff within two (2) hours and to mental health staff within twenty-four (24) hours of 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. Medical staff report they see the victim when the allegation is made to ensure all medical care is appropriately documented and if referral is needed to an outside provider (Hospital for SANE services). 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 individual assessment, supportive environment, therapeutic alliance and confidentiality, along with the typical follow-up services, treatment plans, and referrals. Medical care includes follow-up of hospital orders, contacting the physician, new physician orders, treatment plan for testing and discussion of pregnancy related services, if applicable. Medical staff reported that termination of pregnancy is not allowed in Wyoming. Both medical and mental health staff report that services are consistent if not better than the community level of care.

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 one (1) file showed that a Sexual Abuse Incident Review was completed within thirty (30) days of the investigation. The form allows for the documentation of all required components of a Sexual Abuse Incident Review. Of the remaining two allegations, one was made as a result of actions at another facility and does not require a Sexual Abuse Incident Review and the other is still open.

In an interview with the Maintenance Manager, who sits on the Sexual Abuse Incident Review Team, he reports that incident review process includes policy review, staffing review, camera/blind spot checks, and training needs are addressed. His expertise is addressing any camera or blind area deficiencies, as well as any building maintenance that may be identified. He also reports that he conducts weekly health/safety inspections, which includes addressing room changes or furniture movement

In an interview with the Warden, he reports that reviewing for staffing, physical barriers, camera placement, and identification of blind areas are keys to prevention of sexual abuse and sexual harassment. As a new Warden, he feels comfortable with his staff's knowledge of policy and PREA standards. He acknowledges that there is always room for improvement, especially in documenting.

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 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 8, 2017

Auditor Signature

Date