

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Wyoming Women's Center			
Physical address: 1000 W Griffith Boulevard, Lusk, WY 82225			
Date report submitted			
Auditor Information			
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Date of facility visit 8/25/2014			
Facility Information			
Facility mailing address: (if different from above): PO Box 300, Lusk, WY 82225			
Telephone number: 307-334-3693			
The facility is:	Military	County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	<input type="checkbox"/>	<input type="checkbox"/>
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Jeremy Gray		Title: Sgt.	
Email address: Jeremy/gray@wyo.gov		Telephone number: 307-336-3693	
Agency Information			
Name of agency: Wyoming Department of Corrections			
Governing authority or parent agency: (if applicable)			
Physical address: 1934 Wytott Drive, Cheyenne, WY 82002			
Mailing address: (if different from above)			
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Agency Chief Executive Officer			
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Agency-Wide PREA Coordinator			
Name: Scott Abbott		Title: Deputy Prison Division Administrator	
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AUDIT FINDINGS

NARRATIVE:

A PREA Audit was conducted on August 25, 2014 by Bobbi Pohlman-Rodgers, DOJ Dual Certified Auditor for Adult and Juvenile facilities. The auditor thanks the Warden and PREA Compliance Manager for their hard work and dedication to the process and their hospitality at the facility.

The entrance meeting was attended by Warden Pullen, Director Lampert, Associate Warden Decker, Security Manager Captain Marak, Prison Division Administrator Shannon, Deputy Administrator of Operations and Statewide PREA Coordinator Scott Abbott, and PREA Compliance Manager Sgt. Jeremy Gray.

A tour was conducted of the facility which included 10 housing units and other programming areas, medical clinic, gymnasium, beauty shop, kitchen facilities, and outer buildings. Promptly after the tour, a list of both specialized staff, random staff and random inmates who were selected for interviews. Document reviews were conducted and an exit meeting was held on the last day.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Wyoming Women's Center (WWC) is a female only facility with a capacity of 275 inmates. This facility provides Reception, Minimum Restricted, Medium Close and Maximum Close Supervision. The facility consists of one large building that contains 10 housing units, medical clinic, mental health offices, dental office, gymnasium, a beauty shop and kitchen facilities. There are two buildings outside of the main building. One is currently pending funding to begin a Mother/Child Program with a capacity of 11 inmates and child. Additionally, there is a volleyball area and a sweat lodge.

Vocational services include a fish farm, waste water certification, garment industry, welding instruction, plumbing, basic vehicle maintenance, grounds keeping. Educationally there are services for GED studies and data entry.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	6
Number of standards met:	34
Number of standards not met:	0
Number of standards N/A:	3

Standard**§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses the agency's Zero Tolerance towards all forms of sexual abuse and sexual harassment. The agency has designated Mr. Scott Abbott as the PREA Coordinator and Sgt. Jeremy Gray as the Facility PREA Manager. Both report sufficient time to attend to PREA duties.

Standard**§115.12 – Contracting with other entities for the confinement of inmates****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)
X Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

The Agency does not contract for the confinement of inmates.

Standard**§115.13 – Supervision and monitoring****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X 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 Comments (including corrective actions needed if it does not meet standard)

There is a staff plan that addresses all shifts. There is no holdover rotation documented, but the facility reports that staff may be held over to ensure appropriate coverage. A review was conducted in March 2013 on video monitoring systems and other monitoring technology. A formal staffing plan review was conducted for all agency facilities on August 26, 2014. Each housing unit contains a logbook where unannounced rounds are documented.

Standard**§115.14 – Youthful Inmates****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)
X Does Not Apply

Auditor Comments (including corrective actions needed if it does not meet standard)**Standard****§115.15 – Limits to cross-gender viewing and searches****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.013 and 3.013-1 address cross-gender strip searches or visual body cavity searches. While agency policy allows for cross gender searches in emergency situations, the facility policy prohibits cross gender searches. Interviews with staff and inmates indicate that no cross gender searches are conducted, and interview indicate staff are appropriately trained.

All housing units provide methods for inmates to change clothing, shower and use the toilet facilities without male staff observing.

Policy indicates that male staff announce their presence in the housing unit at the beginning of their shift and therefore each time thereafter that they enter the unit. For the mother/child housing, the requirement is in place when a male staff is within 7 feet of an entryway to an inmate sleeping area or when visibility of an occupant of the Sleeping Room is imminent, whichever comes first. This requirement for the mother/child housing is due to infant presence and their varied sleeping patterns.

Standard

§115.16 – Inmates with disabilities and inmates who are limited English proficient

Overall Determination:

X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses inmates with disabilities or who are limited English proficient. The facility maintains a list of state-wide officers who are available for interpreter services, including one staff who is certified ASL. This list provides for their personal phone number and work phone number for ease in obtaining assistance. All intake material and handbook material is available in both Spanish, English and Braille. The facility is prepared to provide materials in other languages as needed.

Standard

§115.17 – Hiring and promotion decisions

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses hiring and promotion decisions as per the PREA standard. The agency requires staff sign an affirmation of their duty to disclose any existing or new information upon receipt of the agency Code of Ethics. All staff considered for employment must pass a thorough background screening before hire and the 5-year background screening was implemented in July 2014.

Standard

§115.18 – Upgrades to facilities and technology

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

The facility received a review of the need for additional video monitoring. The report identified blind areas that were addressed with a number of new cameras installed in 2014. During the tour, one hallway that inmates had access to did not have in place a system to supervise the area. The facility addressed this by ensuring that the door was secured. Additionally, it was noted by the auditor that the fish farm provides numerous areas that are blind to the current surveillance system. This is addressed through staff training and limited number of inmates who work in this area.

Standard

§115.21 – Evidence protocol and forensic medical examinations

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

The agency offers victim services through Helpmate. There is a MOU in place since 2011. Additionally, the agency is working with FOCUS, Inc. to provide additional services. All forensic examinations are conducted at Memorial Hospital of Converse County, which reports 7 Sexual Assault Nurse Examiners (SANE) and they are scheduled to have one per shift. On August 22, 2014 Wyoming DOC Director Lambert sent to all law enforcement agencies a letter detailing their desire that the agency meet this standard in reference to evidence protocol.

Standard

§115.22 – Policies to ensure referrals of allegations for investigation

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses investigations of sexual abuse or sexual harassment. There were two allegations noted in the past 12 months, both received administrative investigation and one underwent a criminal investigation.

Standard

§115.31 – Employee training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses employee training. All staff receive initial training during their 11 week in-service prior to assignment at the facility where they will complete an FTO program. PREA training is provided through both power-point presentation and video and meets all required components of the standard. Policy 3.402 requires all staff, both male and female, to receive gender specific training. Additionally, any staff, volunteer or contractor, from a male facility shall also receive the training. The training was reviewed and meets the requirements of the standard.

Standard

§115.32 – Volunteer and contractor training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The Volunteer/Contractor Training material was reviewed and contains all required information, with the exception of mandatory reporting laws and who in the facility are they to report any suspicion or knowledge of sexual abuse or sexual harassment. All Volunteers or Contractors receive the same training regardless of level of contact with inmates. Training is documented on the roster and maintained with training files.

Standard

§115.33 – Inmate education

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

All inmates participate in inmate education regarding the zero tolerance policy of the agency. Initial training is provided in formats for those inmates who are disabled or are limited English Proficient. Information regarding this is made available to all inmates through posted notices and the Inmate Handbook. Inmates receive information at intake and within 30 days receive additionally comprehensive training to include a video and verbal discussion. Documentation of this training is

maintained.

Standard

§115.34 – Specialized training: Investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

All investigators have completed the NIC Specialized Training for Investigations, which includes techniques for interviewing victims of sexual abuse, use of Miranda and Garrity warnings, Sexual abuse evidence collection and criteria and evidence required to substantiate a case of sexual abuse for administrative and prosecution referral. Documentation of training is maintained through a copy of the Certificate of Completion through NIC.

Standard

§115.35 – Specialized training: Medical and mental health care

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

All medical and mental health staff receive the regular PREA training for correctional staff. At the time of the audit, all Corizon staff have not completed the NIC on-line training of course “Medical Health Care for Sexual Assault Victims in a Confinement Setting”.

The agency has provided certifications (34 total) that indicate all medical and mental health Corizon staff have completed the NIC training.

Standard

§115.41 – Screening for risk of victimization and abusiveness

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Per Policy 3.402 all inmates receive screening at intake and a review within 30 days if there is new information. At the facility level, all inmates receive appropriate screening within 24 hours of arrival at the facility. The objective tool used was developed by Dr. Hardyman from the Criminal Justice Institute in Hagerstown, MD, and comes complete with manual for training.

The initial review of the screening tool and classification system did not meet all indicators of the standard. The auditor has been advised that this would not be complete until November 2014. Upon release to the Prison, a copy of the new screening should be submitted for review and finalization of this standard rating. (The screening does not address physical disabilities, does not address the perception of an inmate’s sexual orientation, expression or identity and only addresses sexual victimization within the last 10 years.)

Corrective Action Period: The agency along with Dr. Hardyman reviewed and updated the current screening and classification system to include all items required by the standard, including physical disabilities, the inmates’ perception of their sexual orientation, expression or identity; and all prior sexual victimization.

Standard

§115.42 – Use of screening information

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The current system and administration do not allow for LGBTI inmates to be segregated in a dedicated unit. The initial review of the screening tool and classification system did not meet all indicators of the standard. The auditor has been advised that this would not be complete until November 2014. Upon release to the Prison, a copy of the new screening should be submitted for review and finalization of this standard rating. (The Female Internal Classification Form is used to make housing decisions based on assessment screening. However, the current Form allows for victims and sexually aggressive inmates to be placed in housing together. It is noted that this is not practiced. The completed Classification may not be completed for 30 days, thus there is no system in place regarding the initial housing determination.)

Corrective Action Period: The agency, in conjunction with Dr. Hardyman, reviewed and updated the classification system, which includes appropriate housing based upon screening.

Standard

§115.43 – Protective Custody

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses protective custody measures to protect inmates may be used in cases where there is no alternative means of separation, addresses continuation of programming and services, addresses length of time and review of use of protective custody.

Standard

§115.51 – Inmate reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

There are numerous methods to allow inmates to report sexual abuse or sexual harassment. Systems are in place as per interviews with staff and inmates for the verbal and written reporting. Additionally, phone systems are set up to allow inmates contact with Helpmate – an agency who will report any allegations of sexual abuse or sexual harassment to local law enforcement as well as the agency. These calls will not be monitored. This information is posted where inmates have access and a memo went out to all of the inmate population reiterating the agency, agency phone number and confidentiality of calls.

Additionally, staff are able to report any knowledge or suspicion of sexual abuse or sexual harassment to Helpmate and to the agency.

Standard

§115.52 – Exhaustion of administrative remedies

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.100 addresses the grievance system for sexual abuse and sexual harassment reports and provides appropriate decisions within required time frames. The policy notes that an immediate response to emergency grievances is required as well as a decision made within 3-5 days.

Standard

§115.53 – Inmate access to outside confidential support services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The agency has an MOU with Helpmate. Helpmate monitors calls from the facility and reports directly to law enforcement and the agency. Limits to communication are noted on the posters, as well in the memo sent to all inmates. Additionally, Helpmate reports that they are able to provide emotional support services as requested. This information, including the phone number and address, is posted around the facility in areas for inmate review.

Standard

§115.54 – Third-party reporting

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

The state agency maintains a website dedicated to the reporting of sexual abuse or sexual harassment that is available to third-party reports, as well as staff. The website contains three ways to report any knowledge, suspicion or information regarding sexual abuse or sexual harassment. These include the PREA hotline, the individual facility Advocacy contact information (both phone and address) and the contact information for the State-wide PREA Coordinator.

Standard

§115.61 – Staff and agency reporting duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 provides that all staff are required to report any knowledge, suspicion or information regarding an allegation of sexual abuse or sexual harassment, that information shall only be shared with those providing treatment, investigators and for other security/management decisions. Any allegations are then forwarded to the facility investigators. Informed consent is obtained through the medical/mental health practitioner's documentation. State laws require any allegations of sexual abuse to a youth under the age of 18 or vulnerable adult to be reported to either the Child Protective Services or Adult Protective Services.

Standard

§115.62 – Agency protection duties

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.305 addresses the Temporary Restriction Order that allows for inmate housing reassignment as well as reviews for continuation. All staff are trained to provide immediate protection when informed of a substantial risk to an inmate through a training specific to the use, reason and requirements. There were no reports of an inmate was subjected to a substantial risk for review.

Standard

§115.63 – Reporting to other confinement facilities

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 requires the notification of another institution when there is an allegation of sexual abuse. Notification is required within 72 hours and is required to be documented. Any allegation made to this facility from another facility is forwarded to investigators for investigation. There were no reports of prior sexual abuse at an institution for review.

Standard

§115.64 – Staff first responder duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses the staff requirements for first responder duties that include separation of the victim from the alleged perpetrator, protection of evidence, and directives to both victim and alleged perpetrator to prevent evidence destruction.

Standard

§115.65 – Coordinated response

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Within Policy 3.402 there is a specific plan to follow regarding a coordinated response. Within the plan there is specific reference to the Niobrara Health and Life facility for triage and ambulance to Converse County Memorial Hospital. The Shift Commander on-duty is required to notify the hospital to advise them of the need for a SAFE/SANE forensic examination. Additionally, this plan requires notification to Helpmate in an attempt to obtain a victim advocate to accompany the victim.

Standard

§115.66 – Preservation of ability to protect inmates from contact with abusers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)
- X Does Not Apply

Auditor Comments (including corrective actions needed if it does not meet standard)

Standard

§115.67 – Agency protection against retaliation

Overall Determination:

X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses protection from retaliation for reporting, or participating in an investigation, of sexual abuse or sexual harassment. Multiple interventions are available if reported. The agency monitors for retaliation for a minimum of 90 days, and required status check every 30 days. There were no reports of retaliation for review.

Standard

§115.68 – Post-allegation protective custody

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse. There has been no instances for review.

Standard

§115.71 – Criminal and administrative agency investigations

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses all components of the standard for criminal and administrative investigations. Investigation files show all documents are maintained as required. Referral for prosecution if the allegation is criminal in nature is addressed.

Standard

§115.72 – Evidentiary standards for administrative investigations

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 address that no standard higher than a preponderance of the evidence in substantiating an allegation of sexual abuse or sexual harassment.

Standard

§115.73 – Reporting to inmate

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses the components of the standard. There was one allegation that required inmate reporting and there is documentation of notification made to the inmate.

Standard

§115.76 – Disciplinary sanctions for staff

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses this standard. Staff who violation the zero-tolerance policy are subjected to discipline, up to and including termination. Disciplinary sanctions for inmates are individualized based upon certain criteria. Any terminations for violation of the zero-tolerance policy of a criminal nature will be reported to law enforcement and to any applicable licensing body.

Standard

§115.77 – Corrective action for contractors and volunteers

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)
X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses all components of the standard. There has been no incident at the facility.

Standard

§115.78 – Disciplinary sanctions for inmates

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)
X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses the general disciplinary process for inmates who engage in inmate-on-inmate sexual abuse. The disciplinary process is individualized based on certain criteria. Inmates are not subject to disciplinary action for good faith reporting. This facility prohibits any sexual activity between inmates.

Standard

§115.81 – Medical and mental health screenings; history of sexual abuse

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)
X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 and the Female Internal Classification Process ensures that any reported prior victimization or perpetration of sexual abuse is referred for medical and/or mental health counseling within 14 days. Wyoming state law requires informed consent to report allegations of sexual abuse reported by inmates 18 years of age or older.

Standard

§115.82 – Access to emergency medical and mental health services

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)
X 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 Comments (including corrective actions needed if it does not meet standard)

The agency and facility ensure that any inmate who reports sexual abuse will be provided appropriate medical treatment and crisis intervention services. All staff are trained as 1st responders. The medical staff indicated during the interview that all follow-up care as identified by the SANE is carried out, including testing for STD's and pregnancy. There is no cost to a victim of sexual abuse while incarcerated at this facility.

Standard

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 requires that medical care and mental health care is continued for victims of sexual abuse and perpetrators of sexual abuse. The medical staff report assisting inmates at release of the availability of continued services in the community. Pregnancy tests are offered as needed to victims of sexual abuse. Continued testing and treatment for STD's is provided. Services are offered at no cost to the inmate.

Standard

§115.86 – Sexual abuse incident reviews

Overall Determination:

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses incident reviews for all cases of sexual abuse that are substantiated. The reviews are conducted within 30 days. The form used allows for comments from the management team. The Warden documents activities surrounding the incident and makes recommendations as to corrective action, policy change or system changes. This is approved at the Agency Director level. There is an area to document completion of recommendations or reason that recommendation cannot be completed.

Standard

§115.87 – Data collection

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses the standard. The agency collects and maintains data as per standard. A review of the PREA Annual Report 2013 indicates that that agency addresses all facilities.

Standard

§115.88 – Data review for corrective action

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses this standard. The annual report is available at the Wyoming DOC website, personal identifies are not in report, and there was no information redacted that required notation. A review of the PREA Annual Report 2013 shows that it addresses the requirements of the standard. Corrective actions are addressed. There is no comparison data until February 2015 when the 2014 report is completed. The report is approved by the Agency Head.

Standard

§115.89 – Data storage, publication, and destruction

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 3.402 addresses the storage, publication and destruction of information collected regarding the annual report. All records are securely retained and the report is made public at the Wyoming DOC website.

AUDITOR CERTIFICATION:

The auditor certifies that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Bobbi Pohlman-Rodgers

November 26, 2014

Auditor Signature

Date