

**PREA AUDIT REPORT     Interim     Final**  
**ADULT PRISONS & JAILS**

**Date of report:** August 3-5 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> August 3-5, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Wyoming State Penitentiary			
<b>Facility physical address:</b> 700 Higley Blvd, Rawlins, Wyoming 82301			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 307-328-1441			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Eddie Wilson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 289			
<b>Designed facility capacity:</b> 820			
<b>Current population of facility:</b> 678			
<b>Facility security levels/inmate custody levels:</b> Minimum, Minimum Restricted, Medium, Close, & Maximum			
<b>Age range of the population:</b> 18-75			
<b>Name of PREA Compliance Manager:</b> George Keisel		<b>Title:</b> PREA Compliance Manager/Lieutenant	
<b>Email address:</b> george.keisel@wyo.gov		<b>Telephone number:</b> 307-198-9655	
<b>Agency Information</b>			
<b>Name of agency:</b> Wyoming Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 1934 wyott Drive, Suite 100, Cheyenne, Wy. 82002			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 307-777-7208			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Robert O. Lampert		<b>Title:</b> Director	
<b>Email address:</b> bob.lampert@wyo.gov		<b>Telephone number:</b> 307-777-7467	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Scott Abbott		<b>Title:</b> Deputy Administrator Prison Operations	
<b>Email address:</b> scott.abbott@wyo.gov		<b>Telephone number:</b> 307-777-3532	

## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) audit was coordinated by the Colorado Department of Corrections and the Wyoming Department of Corrections for the Wyoming State Penitentiary.

The Prison Rape Elimination Act (PREA) on-site audit was conducted on August 3-5, 2016 by Doug Wilson, from Canon City, Colorado, a U.S. Department of Justice Certified PREA Auditor for adult prisons and jails & Community Corrections. Assisting the auditor in a support role was David Cotten, also a certified PREA auditor.

Six weeks in advance of the audit several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided inmates and staff with the auditor's contact information. Audit posting was viewed while on-site, inmates stated they saw the postings. Within one month of the on-site review, the WSP PREA Compliance Manager submitted the Pre-Audit tool and supporting documents to the auditor. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials. The review prompted questions for the agency PREA Coordinator and the on-site facility PREA Compliance Manager; all questions were answered on site.

The auditor conducted a complete tour of the entire facility. PREA signs and informational posters for services related to PREA were posted throughout the facility.

As part of the facility audit, the auditor interviewed key agency and facility staff utilizing DOJ questionnaires. Interviews were conducted on site during this audit with the agency head Robert Lampert, Director of the Wyoming Department of Corrections.

During my on-site tour there were a total of 18 random inmate interviews conducted, 1 transgender inmate interview, 2 inmates who had reported sexual abuse interviews, 1 gay inmate interview, and 3 interviews with inmates who had corresponded with me prior to my on-site visit. There were no inmates that had disclosed sexual victimization during risk screening, disabled or limited English proficient inmates to interview.

Staff interviews were conducted, which included 12 random staff from a sampling from all shifts (1<sup>st</sup> and 2<sup>nd</sup> shift). Specialized staff interviews conducted included the Agency Head Director Lampert, Facility Warden Eddie Wilson, Agency PREA Coordinator Scott Abbott, Facility PREA Compliance Manager George Keisel, intermediate or higher level facility staff, Human Resources staff, staff that perform screening for risk of victimization and abusiveness, intake staff, contract staff, staff assigned to the incident review team, designated staff member charged with monitoring for retaliation, first responders, and investigative staff. The facility reported there were no incidents involving cross-gender pat, strip or visual searches and no staff who supervise youthful inmates. There were 25 staff interviews conducted in-person in a private office and several additional informal interviews conducted while on the facility tour and while on-site for the duration of the audit.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Wyoming State Penitentiary South Facility officially opened by receiving inmates in July, 2001. This facility has a rated capacity of 820 and houses maximum and medium security inmates. It also houses the only death row in Wyoming. The administration, warehouse and maintenance buildings were occupied in March, 2001 with limited staff and became fully staffed in July, 2001. The Central Production Facility, which is comprised of the laundry and kitchen services, opened in August, 2002.

The WSP Complex sits on approximately 640 acres.

The WSP Facility consists of 9 operating buildings.

South Facility Structure Footprint: 203,356 sq. ft.

CPF Facility Structure Footprint: 75,433 sq. ft.

Industries Building Footprint: 16,226 sq. ft.

Boiler House Footprint: 3,257 sq. ft.

Admin Building Footprint: 17,000 sq. ft.

ITU Building Footprint: 6,780 sq. ft.

WMTC Building Footprint: 5,590 sq. ft.

J Building Footprint: 900 sq. ft.

WSP's Total Buildings Footprint: 328,542 sq. ft.

WSP houses a range of inmate classifications from death row to minimum. Movement at WSP is extremely controlled due to the inability to cross inmates between pods and/or units. Conflicts between inmates are resolved as much as possible but are inevitable. K Unit (general population) houses minimum to medium custody inmates who are the work force for the Central Production Facility where the laundry, kitchen, and print shop operations are located.



## **SUMMARY OF AUDIT FINDINGS**

**The PREA audit team was very impressed with the culture of the Wyoming State Penitentiary. It was apparent the facility had done a great deal of work implementing PREA standards and creating a culture that enforces its zero tolerance policy for sexual abuse and sexual harassment. The inmate interviews all revealed that staff and inmates adhere to a zero tolerance for sexual abuse, harassment or assault. The culture displayed by all staff and inmates is healthy and does not accept sexual assault, abuse, or harassment of any kind.**

**An explanation of the findings related to each standard is provided in this report. It is important to note the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in the report is not an "all inclusive" list of the supportive evidence needed to meet each PREA standard. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the on-site visit verified that practices employed at the Wyoming State Penitentiary are consistent with agency policies and facility protocols.**

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

- (a) WSP has an agency policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct. Policy and Procedure # 3.402.
- (b) Wyoming Department of Corrections employs Scott Abbott, Deputy Administrator Prison Operations who is an upper-level, agency-wide PREA coordinator. During my interview with Scott he states he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Scott reports to the WDOC Director; Robert Lampert.
- (c) WSP has a designated PREA compliance manager, Goerge Keisel who stated during our interview that he has sufficient time and authority to coordinate the facility’s efforts to comply with all PREA standards.

**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)

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- (a) WSP does contract with other agencies for the confinement of its inmates. All contracts reviewed included the entity’s obligation to adopt and comply with the PREA standards. Policy and Procedure #3.402 outlines the departments requirements for all contracted agencies to comply with with all PREA standards. 6 contracts were reviewed.
- (b) All new contracts or contract renewals are required to provide agency contract monitoring to ensure that the contractor is complying with the PREA standards.

**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.**

(a) WSP has developed, documented, and complies with a staffing plan that details staffing levels and video monitoring to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, WSP has documented how they have considered: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

(b) (c) A memo was provided from Mr. Lampert the Director documenting his review of the WSP staffing plan. This memo was dated 2/9/2015. Due to staffing levels there were no deviations to the staffing plan.

(d) Documentation showing intermediate-level or higherlevel supervisors conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment was reviewed. Interviews with staff and inmates support that unannounced rounds are being conducted on all shifts. I reviewed policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility and staff interviews indicate a healthy culture void of this type of alerting.

#### **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)

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N/A WSP does not house youthful inmates.

#### **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.**

(a) The facility does not conduct crossgender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Policy and procedure 3.013 supports this and there was no incidents of this type documented. Interviews with staff and inmates confirmed that staff do not conduct these types of searches.

(b) WSP does not house female inmates.

(c) WSP has a policy in place requiring the documentation of all crossgender strip searches and cross-gender visual body cavity searches. There were no incidents of this type as of the time of the audit.

(d) WSP has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. During the on-site visit the audit team observed shower and restroom areas that would not provide adequate privacy for inmates from opposite gender non-medical staff viewing. Staff and inmate interviews confirmed this. The WSP administration was made aware of these issues and immediately began addressing them. All needed modifications to shower and restroom areas were completed prior to the completion of this report. Pictures of a sample of these areas before and after are included.

(e) WSP does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate. Agency policy complies with this standard and interviews with staff and inmates confirm that this is not occurring.

(f) WSP does train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Training records, observation of pat-searches, and staff interviews confirm this.





**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.**

(a) The WDOC has policy (#3.402) that outlines appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, WDOC has written materials that are provided as posters and orientation that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. (b) WDOC takes reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff interpreters and interpretation services are provided and documented.

(c) WDOC does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited

circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties. Policy reviewed and staff/inmate interviews confirm this practice.

#### **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)

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(a) WDOC does not hire or promote anyone or enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. A complete review of the application process and promotional process that included interviews with human resources staff responsible for completing back ground checks reveal compliance and confirm established policy.

(b) WDOC does consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

(c) Before hiring new employees who may have contact with inmates, WDOC performs criminal background records checks; and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(d) WDOC performs criminal background records checks before enlisting the services of any contractor who may have contact with inmates.

(e) WDOC conducts criminal background records checks at least every five years of current employees and contractors.

(f) WDOC does ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written selfevaluations conducted as part of reviews of current employees. To include a continuing affirmative duty to disclose any such misconduct.

(g) Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

(h) WDOC provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews with Human Resources staff confirm this process.

#### **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.**

WSP and WDOC has not acquired any new facilities however documentation reviewed indicated that any planning or substantial expansion or modification of existing facilities that has taken place in the last two years WDOC has considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. WSP provided examples that included the installing or updating a video monitoring system and electronic surveillance systems and how this technology may enhance the agency's ability to protect inmates from sexual abuse.

#### **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)

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(a) WDOC utilizes outside law enforcement for all criminal investigations. WSP uses a uniform evidence protocol for conducting administrative investigations. Policy and Procedure 3.009 *Evidence Handling and Storage* was reviewed and details evidence collection.

(b) The protocol was based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." WSP does not hold anyone under the age of 18.

(c) In the past 12 months WSP has not had any allegations that required a forensic medical examination. If an allegation occurred, a memo from the warden states that a forensic medical examination would be conducted at a community hospital. Policy 3.402 was reviewed and states that the forensic medical examinations will be without financial cost to the victim. Credentials for Sexual Assault Nurse Examiners were provided.

(d) A list of agencies that WSP has attempted to enter in agreements with to provide victim advocacy services was provided. A MOU with one of the agencies, Carbon County C.O.V.E. was provided that states they will provide services on a case by case basis based on its mission to use its resources in a manner that helps the public in an efficient manner. If a rape crisis center is not available, WSP will use a qualified agency staff member. Mental Health practitioner licenses were provided. A list of online training available through the US DOJ Office of Justice Programs was provided.

(e) WSP has an MOU with Carbon County C.O.V.E. that states they will provide services on a case by case basis. A document provided by the PREA Compliance Manager also states that if a case is accepted by law enforcement for prosecution, the victim will be referred to the victim advocates through the Carbon County Sheriff's office.

(f) WSP provided an email to the county Sheriff requesting that the agency follow PREA Standards 115.21, sections A through E.

#### **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)

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(a)(b)(c) WDOC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment per Policy and Procedure 1.014 Investigations. In the past 12 months, 5 allegations of sexual abuse and sexual harassment were received, all 5 had an administrative investigation and 1 was referred for criminal investigation. An administrative investigation was reviewed for an allegation of sexual abuse. This allegation was referred to local law enforcement for a criminal investigation but was discontinued once no crime was detected. A screenshot of WDOC’s website was provided that verifies the policies are available including Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* which states that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Policy and Procedure 1.014 *Investigations* also states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. The referral to law enforcement was documented in the administrative investigation report as well as the Incident Reporting Form.

#### **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)

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- (a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* details the training that all WDOC employees receive. The training was reviewed and it covers all required elements of this standard.
- (b) WDOC provides training that is tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.
- (c) All WSP staff have received the required training. WSP trains all staff on PREA annually and in between training policy updates are announced via email to all staff.
- (d). A training acknowledgment form is signed by staff after PREA training that they have received and understand the training.

#### **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)

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(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* includes that WDOC shall ensure that all volunteers and contractors receive training on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All WSP volunteers have received the required training. The training curriculum was reviewed and covered all required elements.

(b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) Volunteers and contractors sign the staff acknowledgment that states they have received the PREA training and understand all the information was provided. An example acknowledgement form was reviewed for both a contractor and a volunteer.

#### **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)

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(a) At WSP during the intake process, inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This is completed within 24 hours after arrival typically.

(b) Within two weeks of intake, WSP provides comprehensive education to inmates in person and a video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding WDOC policies and procedures for responding to such incidents.

(c) Current inmates who have not received such education have been educated within one year of the effective date of the PREA standards, and inmates receive education upon transfer to a different facilities.

(d) WDOC provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

(e) WDOC maintains documentation of inmate participation in these education sessions.

(f) In addition to providing such education, WDOC has posters throughout the facility ensuring that key information is continuously and readily available or visible to inmates.

#### **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)

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- (a) In addition to the general training provided to all employees pursuant to 115.31, WDOC investigators receive training in conducting sexual abuse investigations in confinement settings.
- (b) This specialized training does include techniques for interviewing sexual abuse victims and sexual abuse evidence collection in confinement settings. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. Note: Local law enforcement agencies are contacted for any criminal investigations.
- (c) WDOC maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.
- (d) Training rosters were provided and interviews with staff who investigate sexual abuse in confinement settings indicated that WDOC provides such training to its agents and investigators who conduct such investigations.

**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)

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- (a) WDOC ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities are trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- (b) WDOC medical staff do not conduct forensic examinations.
- (c) WDOC maintains documentation that medical and mental health practitioners have received the training referenced in this standard.
- (d) Medical and mental health care practitioners also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner’s status with WDOC.

**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.**

- (a) All inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.
- (b) Intake screening ordinarily takes place within 72 hours of arrival at WSP.
- (c) WDOC conducts assessments utilizing an objective screening instrument.
- (d) The intake screening considers the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization and; (9) The inmate's own perception of vulnerability.
- WSP does not house inmates solely for civil immigration purposes.
- (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing inmates for risk of being sexually abusive.
- (f) Within 30 days from the inmate's arrival at the facility, the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- (g) The inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.
- (h) Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.
- (i) WDOC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

#### **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.**

- (a) WDOC uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
- (b) WDOC makes individualized determinations about how to ensure the safety of each inmate.
- (c) WDOC utilized this assessment when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, WDOC determines on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

- (d) Placement and programming assignments for each transgender or intersex is reassessed twice each year to review any threats to safety experienced by the inmate.
- (e) Transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration when determining housing and program assignments.
- (f) Transgender and intersex inmates are given the opportunity to shower separately from other inmates as all showers at WSP are single showers.
- (g) WDOC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

**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.**

- (a) Inmates at high risk for sexual victimization are 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. If WSP cannot conduct such an assessment immediately, they do not hold the inmate in involuntary segregated for more than 24 hours while completing the assessment.
- (b) Inmates placed in segregated housing at WSP will have access to programs, privileges, education, and work opportunities.
- (c) WSP The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
- (d) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.
- (e) Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population

**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.**

(a) WDOC and WSP provide multiple internal ways for offenders to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. WDOC Policy and Procedure 3.402 Protection from Sexual Misconduct Against Offenders details the reporting methods including: Making a verbal report to any staff member, report in writing to any staff member, offenders may corrected directly with WDOC Investigations Unit, and offenders can call a designated toll free number and leave a voice message. This information is provided on posters, a PREA brochure and the inmate rule book.

(b) Policy and Procedure 3.3402 Protection from Sexual Misconduct Against Offenders states that WDOC shall provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse or sexual harassment to agency officials, allowing the offender to remain anonymous upon request. A memo from the Warden states that WSP does not house inmates detained solely for civil immigration purposes.

(c) Policy and Procedure 3.402 Protection from Sexual Misconduct Against Offenders states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. An example verbal report made to staff was provided and verified staff promptly documented the report.

(d) . Policy and Procedure 3.402 Protection from Sexual Misconduct Against Offenders states that the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders. A poster that outlines staff reporting methods was provided that includes a phone number that staff can file a report by calling.

#### **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.**

(a) WDOC has an administrative procedures to address inmate grievances regarding sexual abuse. WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* covers this standard.

(b) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* outlines the procedures for grievances regarding sexual abuse. It states that the agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, the agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse, the agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse and that nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

(c) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* states that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint.

(d) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* states that the agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A memo from the warden indicates that zero grievances alleging sexual abuse have been received at WSP in the past 12 months but in the event that a grievance alleging sexual abuse was submitted they would follow the process in Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure*.

(e) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* outlines the process for third party assistance. WSP has not received any grievances alleging sexual abuse filed by inmates in the past 12 months in which the

inmate declined third-party assistance.

(f) WDOC Policy and Procedure 3.100 *Inmate Communication and Grievance Procedure* outlines emergency grievance procedures and is in compliance with this standard. WSP has not received any emergency grievances alleging sexual abuse in the past months. An example emergency grievance was provided that was not related to sexual abuse to show how the process would work if they were to receive one.

(g) WDOC policy states that they may discipline an inmate for filing a grievance related to alleged sexual abuse only where WDOC demonstrates that the inmate filed the grievance in bad faith.

### **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.**

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states that the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.

(b) WDOC does inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(c) An MOU for Carbon County COVE was provided. This agency is a community service provider that provides inmates with confidential emotional support services related to sexual abuse.

### **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.**

(a) WDOC's public website provides information on how to file a report on behalf of an inmate. There is a phone number listed as well as contact information for the state-wide PREA Coordinator. Third-party reports may be received verbally or in writing, in person or via telephone calls to the PREA Hotline, Warden's Office, PREA Manager, or any staff member of WSP, and third-party reports may be communicated directly via the Investigation Unit in WDOC Central Office.

### 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.**

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires staff to report to designated supervisors or officials, but that they shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

(c) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. An example report made to mental health staff was provided.

**(d) WSP does not have any offenders under the age of 18.**

(e) WSP reports all allegations of sexual abuse and sexual harassment to designated investigators. An example report sent to an investigator was provided.

### 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.**

(a) When WDOC or WSP learns that an inmate is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the inmate. In the past 12 months, there have been no cases reported or detected in which an inmate was at substantial risk of imminent sexual abuse.

### 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.**

- (a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. In the past 12 month one allegation was received at WSP that an inmate was abused while confined at another facility.
- (b) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) WSP provided an email sent to the other agency and their Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires the notification be documented.
- (d) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* states that the WDOC facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with policy.

### 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.**

- (a) WDOC policy requires first responders to take appropriate actions as required in this standard. Documentation including a sexual assault checklist and a staff report were reviewed. WSP reported that they had 5 allegations of sexual abuse reported during this audit period. Of those 5 reports, one was reported with in a time period that allowed for the collection of physical evidence.
- (b) WSP did not have any incidents in which a non-security staff member was the first responder during the past 12 months.

### 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.**

(a) WSP's response plan is contained within Operational Procedure 3.400-1 *Response to Sexual Assault and Allegation of Sexual Assault in Confinement*. This plan contains all needed information to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

#### **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.**

(a) (b) A memo from the warden states that WDOC does not engage in collective bargaining with its labor force, therefore 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.**

(a) Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires protection for all offenders and staff who report sexual abuse or sexual harassment. At WSP the PREA Compliance Manager is in charge of retaliation monitoring.

(b) WSP employs multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating with investigations.

(c) WSP will monitor for retaliation for at least 90 days following a report. WSP provided a Managers Log which includes a WSP PREA Tracking Log where the PREA Compliance Manager can notate the dates of monitoring.

(d) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires periodic status checks for inmates.

(e) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) WDOC's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

#### **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.**

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. A memo from the warden states that in the last year there have been no cases of an inmate being placed in segregated housing for protection after suffering sexual abuse but states that they may place them on a Temporary Restriction Order which is not punitive.

#### **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.**

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(b) WDOC uses investigators who have received special training in sexual abuse investigations pursuant to 115.34. Training certificates were provided.

(c) Investigators are trained in gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) When the quality of evidence appears to support criminal prosecution WDOC solicits local law enforcement agencies to complete the investigations. Local law enforcement conducts compelled interviews only after consulting with prosecutors

as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and does not be determined by the person's status as inmate or staff. WDOC does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

(f) WDOC administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(g) Criminal investigations are completed by local law enforcement agencies.

(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution at the discretion of the local law enforcement agency.

(i) The records retention schedule for WDOC says they will retain institutional investigative files permanently.

(j) The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.

(k) State or County police agencies conducting such investigations do so pursuant to the above requirements.

(l) WSP cooperates with local law enforcement investigators and will remain informed about the progress of the investigation.

#### **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.**

(a) WDOC Policy and Procedure 1.014 *Investigations* states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An example administrative investigation was reviewed and it included all required elements.

#### **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.**

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. An example investigation was reviewed and a notification letter was provided to the inmate who made the complaint in the investigation to advise him of the outcome.

(b) If WDOC did not conduct the investigation, they request the relevant information from the investigative agency in order to inform the inmate per WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders*. No investigations were completed by an outside agency during this audit period.

(c) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following an inmate's allegation that he has been sexually abused by another inmate, the WDOC inform the alleged victim whenever they learn that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse within the facility. During this audit period no allegations by inmates against other inmates occurred or resulted in WSP learning that the abuser was indicted or convicted of a charge.

(e) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* requires all notification to be documented. An example notification letter was provided.

#### **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.**

(a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* includes disciplinary sanctions for staff.

(b) WSP states that there have been zero staff terminated in the past 12 months for violating agency sexual abuse or sexual harassment policies.

(c) In the past 12 months WSP has had zero staff disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policy.

(d) In the past 12 months WSP has had zero staff reported to law enforcement or licensing boards for violating agency sexual abuse or sexual harassment policies, but policy WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* does require it to be reported if there were an incident.

#### **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.**

- (a) A memo from the Warden states that at WSP during the current PREA audit period there have been no instances of a volunteer or contractor being investigated for PREA related issues or being referred for prosecution. WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* does state that if any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
- (b) There have been no instances of a contractor or volunteer investigated in the past 12 months so no remedial measures were taken but policy would require they are taken if an incident were to occur.

#### **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.**

- (a) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* covers disciplinary sanctions for inmates. It states that inmates shall be subject to 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 for inmate-on-inmate sexual abuse. In the past 12 months there have been zero findings, administrative or criminal, of inmate-on-inmate sexual abuse.
- (b) Sanctions are in line 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.
- (c) The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.
- (d) WSP offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, and they consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.
- (e) WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* and Policy and Procedure 3.102 *Inmate Disciplinary Procedures* both state that inmates may be disciplined for sexual misconduct with staff only upon a finding that the staff member did not consent to such contact. There have been zero incidents where this occurred during this audit period.
- (f) WDOC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g) WDOC does prohibit all sexual activity between inmates, however, sexual activity between inmates/offenders may not be

deemed to constitute sexual abuse per WDOC Policy and Procedure 3.402 *Protection from Sexual Misconduct Against Offenders* and Policy and Procedure 3.102 *Inmate Disciplinary Procedures*.

#### **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.**

(a) and (c) If the screening pursuant to 115.41 indicates that WSP inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, WSP staff refer that inmate to a one on one follow-up meeting with the mental health provider immediately upon completion of the screening. The mental health provider is involved in the intake procedure. WDOC policy 3.402 states that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(b) If the screening pursuant to 115.41 indicates that a WSP inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. WSP staff refer that inmate to a one on one follow-up meeting with the mental health provider immediately upon completion of the screening. The mental health provider is involved in the intake procedure. WDOC policy 3.402 requires compliance with this standard.

(d) WDOC policy 3.402 requires any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited 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. Interviews with mental health staff, the Warden and the facility PREA manager confirm this.

(e) WDOC policy requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Documentation provided by WSP and Corizon (medical provider) and interviews with medical/mental health staff confirms this does occur.

#### **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.**

**WDOC policy 3.402 requires:**

- (a) Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (Per the PAQ, WSP has had no incidents in the last 12 months which required emergency medical treatment or crisis intervention.)
- (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the appropriate medical and mental health practitioners. (Per the PAQ, WSP has had no incidents in the last 12 months which required emergency medical treatment or crisis intervention.)
- (c) Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (Per the PAQ, WSP has had no incidents in the last 12 months which required emergency contraceptive or medical treatment for sexually transmitted infections.)
- d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During interviews it was clear that all medical and mental health staff were familiar with this policy and process.

**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.**

**WDOC policy 3.402 requires:**

- (a) WSP offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse.
- b) The evaluation and treatment of such victims includes follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- (c) WSP provides such victims with medical and mental health services consistent with the community level of care.
- (d & e) WSP houses no female offenders.
- f) Inmate victims of sexual abuse while incarcerated at WSP are offered tests for sexually transmitted infections as medically appropriate.
- (g) Treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- (h) Per interviews with intake staff and a mental health provider, a mental health evaluation of all known inmate on-inmate abusers occurs within 10 days (day of arrival or notification in most cases) of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. If treatment has not previously occurred the known abuser will be transferred to a facility offering treatment for abusers.

### 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.**

### WDOC policy 3.402, Protection from Sexual Misconduct Against Offenders:

- (a) WSP conducts 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.
- b) Both reviews occurred within 30 days of the conclusion of the investigation.
- (c) The review team does include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- d) Documentation revealed the review team did: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. (all components listed above are listed in the review documentation)
- (e) WSP did implement the recommendations for improvement, or documented its reasons for not doing so.

### 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.**

### WDOC policy 3.402, Protection from Sexual Misconduct Against Offenders requires compliance.

(a)/(c) WDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the

Department of Justice.

(b) WDOC aggregates the incident-based sexual abuse data at least annually.

(d) WDOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(e) WDOC obtains incident based and aggregated data from Cheyenne Transitional Center, Casper Reentry Center and Therapeutic Community and Volunteers of America Gillette, with which it contracts for the confinement of its inmates.

(f) WDOC provided all data from 2015 year to the Department of Justice.

#### **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.**

a) WDOC reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This is evidenced by the website <http://corrections.wy.gov/>

(b) The report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. This is evidenced by the website <http://corrections.wy.gov/>

(c) WDOC's report was approved by the Director of Prisons and made available to the public through its website.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

#### **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.**

(a) WDOC policy 3.402 requires that data collected pursuant to § 115.87 are securely retained.

(b) WDOC makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through the website <http://corrections.wy.gov/> as required by

policy 3.402.

(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. No personal identifiers were found on the website.

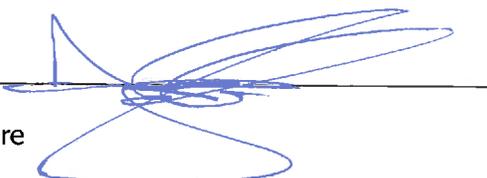
(d) WDOC policy 3.402 requires maintaining sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

### 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.

Doug Wilson



Auditor Signature

September 02, 2016

Date