

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report March 15, 2019

Auditor Information

Name: Dave Cotten	Email: dave@preaauditing.com
Company Name: PREA Auditors of America	
Mailing Address: 266 River Ridge Road	City, State, Zip: Hotchkiss, CO 81419
Telephone: 970-250-5719	Date of Facility Visit: January 30-31, 2019

Agency Information

Name of Agency: Volunteers of America		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 1876 S. Sheridan Ave.		City, State, Zip: Click or tap here to enter text.	
Mailing Address: Sheridan WY 82801		City, State, Zip: Click or tap here to enter text.	
Telephone: 307.672.0475		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: “To compassionately serve and strengthen individuals by empowering them to build healthy and happy lives” Our Faith based organization is guided by professional staff and committed volunteers who create strong families and thriving communities through progressive holistic programs by lending a hand up, not a hand out.			
Agency Website with PREA Information: https://www.voanr.org/adult-re-entry			

Agency Chief Executive Officer

Name: Jeffrey M. Holsinger	Title: CEO
Email: jholsinger@voanr.org	Telephone: 307.672.0475

Agency-Wide PREA Coordinator

Name: Richard Burton	Title: Director of Corrections
Email: rburton@voanr.org	Telephone: 307.682.8505
PREA Coordinator Reports to: Heath Steel. Chief Operations Officer	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Booth Hall			
Physical Address: 1299 Raymond Street, Gillette WY 82717			
Mailing Address (if different than above): PO Box 1346, Gillette WY 82717			
Telephone Number: 307682.8505			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: “To compassionately serve and strengthen individuals by empowering them to build healthy and happy lives” Our Faith based organization is guided by professional staff and committed volunteers who create strong families and thriving communities through progressive holistic programs by lending a hand up, not a hand out.

Facility Website with PREA Information: <https://www.voanr.org/adult-re-entry>

Have there been any internal or external audits of and/or accreditations by any other organization? ☒ Yes ☐ No

Director

Name: Richard Burton	Title: Director of Corrections
Email: rburton@voanr.org	Telephone: 307.682.8505

Facility PREA Compliance Manager

Name: Krista Thumma	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: 307.682.8505

Facility Health Service Administrator

Name:	Kelly Buckingham	Title:	Director of Behavioral Health
Email:	kbuckingham@voanr.org	Telephone:	307.672.0475
Facility Characteristics			
Designated Facility Capacity: 148		Current Population of Facility: 120	
Number of residents admitted to facility during the past 12 months			270
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			270
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			270
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-65	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			6.5 to 12 months
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			33
Number of staff hired by the facility during the past 12 months who may have contact with residents:			20
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			4
Physical Plant			
Number of Buildings: two (connected)		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		twenty	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): From camera map provided, the facility has approximately 30 cameras covering most common areas. Click or tap here to enter text.			
Medical			
Type of Medical Facility: none		Click or tap here to enter text.	
Forensic sexual assault medical exams are conducted at:		Campbell County Memorial Hospital	
Other			

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	4
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site PREA Audit of the Booth Hall Adult Re-Entry Facility was conducted on January 30 & 31, 2019. The audit was conducted by Dave Cotten, a certified National PREA auditor. This was Booth Hall's second National PREA Audit. Approximately six weeks prior to the on-site visit, Booth Hall posted notifications of the upcoming audit with the auditor's contact information to allow for residents to contact the auditor prior to the audit. The auditor received no correspondence. Booth Hall provided the auditor with file documentation electronically approximately four weeks prior to the on-site visit. From this documentation, the auditor completed as much of the auditor compliance tool as possible prior to the on-site visit.

An initial in-brief was held at 9:00 a.m. on 1/30/19 with Director Burton and PREA Compliance Manager Krista Thumma. Staff introduced themselves and provided professional background as did the auditor. The Director provided the auditor with an overview of Booth Hall and the offender population it serves. The auditor was given a complete tour of the facility by the Director. Throughout the tour, the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the facility's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Following the tour, the auditor began the interviews and reviews of training and personnel files, offender files, and documents.

Eighteen (18) random residents were interviewed. Those interviewed were randomly selected, by the auditor, from a list of all the offenders by their housing assignment at the facility. One of the offenders was identified, by the auditor, as being disabled and two offenders identified as gay.

Thirteen (13) random staff were interviewed who were randomly selected by the auditor from all three shifts. As all security staff are also first responders, four of the random staff were interviewed as first responders. Six (6) interviews were conducted with specialized staff. On-site interviews included the Director, PREA Manager, a mental health professional, the human resources manager, staff who conduct screening for risk of abuse or victimization, an incident review team member, the staff member who monitors for threats of retaliation.

The auditor also interviewed one volunteer. In total, twenty-nine (22) staff/contractor/volunteer interviews were conducted as part of the audit.

It should be noted that since this is a small facility, some of the employees have multiple responsibilities so some individuals were interviewed more than once if their duties covered more than one specialized area.

Unique to this agency and facility is that Mr. Burton is both Agency PREA Coordinator and the Director of this specific facility. Oversight for both positions is provided by the Agency Head of Volunteers of America Mr. Heath Steele.

The auditor was impressed by what the random staff's knowledge of PREA, the zero-tolerance policy, resident rights regarding PREA, first responder duties, and evidence collection.

When the on-site audit was completed, the auditor conducted a short de-brief on January 31, 2019. The auditor gave an overview of the audit and thanked the Director and his staff for their hard work and commitment to the Prison Rape Elimination Act.

Prior to submitting the final report of this audit, the agency/facility addressed several deficiencies noted by the auditor many of which would result in non-compliance. The professional, complete and timely responses provided by the facility/agency was excellent and resulted in compliance prior to this report being submitted.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Booth Hall is a 148 bed adult re-entry facility housing both male and female adult residents based on contracts with the Federal Bureau of Prisons, the Wyoming Department of Corrections and local jurisdictions. The average daily population is 130 for the last twelve months. Booth Hall is comprised of one building housing residents. There are twenty separate open bay living areas (referred to as dorms) with two dorms in one section of the building which includes a female resident dorm and a flex dorm, six dorms in another section and twelve dorms in the largest section of the building. There is a separate administration area. In general, male federal offenders are kept separate from all others as are male state offenders. Female offenders, federal and state, are housed together but separate from the male population

The facility, as a community corrections, has no on-site medical services and no on-site investigators. All investigations are referred to the sentence governing authority such as the Federal Bureau of Prisons or Wyoming Department of Corrections. Local law enforcement is called for emergency situations. Residents are responsible for their own medical care except in the case of sexual abuse as outlined in policy.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: One (1)

115.242, Use of Resident Risk Assessment

Number of Standards Met: Forty (40)

211, 212, 213, 215, 216, 217, 218, 221, 222, 231, 232, 233, 234, 235, 241, 251, 252, 253, 254, 261, 262, 263, 264, 265, 266, 267, 271, 272, 273, 276, 277, 278, 282, 283, 286, 287, 288, 289, 401 & 403

Number of Standards Not Met: none (0)

Six standards, as listed below, were not originally in compliance, but with the identified corrective actions and actions taken by the agency/facility are now in compliance. Compliance was achieved prior to the auditor submitting the original report.

Summary of Corrective Action (if any)

115.211-- Volunteers of America Booth Hall policy 902.00, outlines PREA policy to include a zero-tolerance policy for sexual misconduct. The term misconduct presents a concern as this standard specifically addresses sexual abuse and sexual harassment.

Corrective action: VOA needs to change the first sentence in policy to state something similar to: Volunteers of America (VOA) will ensure a fundamental commitment to treating residents with dignity and respect. VOA has a “zero-tolerance policy” relative to all forms of sexual abuse, sexual harassment and/or sexual misconduct.

Action taken: Booth Hall updated policy to state: Volunteers of America (VOA) will ensure a fundamental commitment to treating residents with dignity and respect. VOA has a “zero-tolerance policy” relative to sexual abuse, sexual harassment, sexual assault, and sexual misconduct.

115.213-- No documentation was provided to verify elements (a) or (b) above. While there are annual reviews, there was no written staffing plan and no indication that there were any deviations to the staffing plan or if deviations did occur.

Corrective Action: Booth Hall needs to provide a written staffing plan addressing all elements of standard 115.213 section (a). Facility staff are referred to the PREA Resource Center’s white paper on “Developing and Implementing a PREA-Compliant Staffing Plan”

Action Taken: Booth Hall provided an excellent written staffing plan, to the auditor, addressing the elements of this standard. Additional documents were also provided to support the written staffing plan.

115.215-- Booth Hall’s Policy 902.00 PREA does not address element (d) of this standard. Compliance requires this be added to 902.00.

Corrective action: Booth Hall needs to add statements to policy to address element (d) of this standard.

Action taken: Booth Hall added elements to their specific policy to address the elements of this standard.

115.117-- There is no verification method identified for ensuring elements (a), (b), (f) and (g) are completed.

Corrective action: Booth Hall needs to provide verification of compliance with elements (a), (b), (f) and (g)

Action taken: Booth Hall, in consultation with the auditor, developed a staff acknowledgement form to be completed by all current staff and future staff prior to hiring. This form covers elements (a), (b), (f) and (g). Completed copies of the new document, signed by staff, were provided to the auditor.

115.221— Initial documentation did not reflect access to SANE for resident victims is covered in policy and did not show an active MOU for SANE and the evidence showing attempts to enter into an MOU were outdated.

Corrective action: (1) Booth Hall needs to address, in policy, access to SANE for resident victims of sexual assault. (2) While Booth Hall has shown attempts of entering into an MOU with CCMH for SANE availability, the attempts are outdated. Booth Hall needs to show recent attempts.

Action taken:

(1) Booth Hall added the following to policy: "VOA shall offer all victims of sexual abuse access to forensic medical examinations whether on- site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. VOA shall document its efforts to provide SAFEs or SANEs."

(2) Booth Hall provided documentation showing an active MOU with CCMH, dated 2016, for SANE/SAFE which states it is in effect until terminated by either party.

115.222—(b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

While policy is in place, no evidence was provided to address the public posting (website or other) of who conducts what type of investigation or their respective responsibilities.

Corrective action: Publish noted policy on website or make the policy available through other means and provide documentary evidence of compliance.

Action taken: Booth Hall updated the website to reflect the above information. Auditor reviewed the website to confirm.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: Volunteers of America Booth Hall policy 902.00, outlines PREA policy to include a zero-tolerance policy for sexual misconduct. The term misconduct presents a concern as this standard specifically addresses sexual abuse and sexual harassment. The totality of the policy refers to the zero

tolerance of sexual abuse and misconduct. The term “sexual misconduct” is defined as “Any behavior or act of a sexual nature directed toward another person.

Other documentation: Job description for Booth Hall Director which includes a duty as PREA Coordinator.

Job description for Federal Program Director which includes duty as PREA Compliance Manager for Booth Hall.

Interviews: Staff and residents were well aware of zero tolerance.

Corrective action: VOA needs to change the first sentence in policy to state something similar to: Volunteers of America (VOA) will ensure a fundamental commitment to treating residents with dignity and respect. VOA has a “zero-tolerance policy” relative to all forms of sexual abuse, sexual harassment and/or sexual misconduct.

Action taken: Booth Hall updated policy to state: Volunteers of America (VOA) will ensure a fundamental commitment to treating residents with dignity and respect. VOA has a “zero-tolerance policy” relative to sexual abuse, sexual harassment, sexual assault, and sexual misconduct.

Findings: Based on the above policy, other documentation, interviews and action taken, the facility meets this standard.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if

the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable as Booth Hall does not contract for the confinement of residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: Policy 902 addresses the standard by requiring the director to develop and document a staffing plan.

Other documentation: Staff schedule reviews for each of the last three years were provided. Additional staffing was requested in one of those years.

Staff schedule was provided.

Document requesting additional cameras and monitors.

Observations and Interviews: Director confirmed that there had been no deviations from the staffing plan requiring documentation.

Corrective Action: Booth Hall needs to provide a written staffing plan addressing all elements of standard 115.213 section (a). Facility staff are referred to the PREA Resource Center's white paper on "Developing and Implementing a PREA-Compliant Staffing Plan"

Action Taken: Booth Hall provided the auditor with an excellent written staffing plan addressing the elements of this standard. Additional documents were also provided to support the written staffing plan. Director confirmed that there had been no deviations from the staffing plan requiring documentation.

Findings: Based on the above documentation, other documentation, observations and interviews, the facility meets the standard.

The facility did not originally meet the standard. No documentation was provided to verify elements (a) or (b) above. While there are annual reviews, there was no written staffing plan and no indication that there were any deviations to the staffing plan or if deviations did occur.

Prior to submitting the original report, Booth Hall provided a written staffing plan, to the auditor, addressing the elements of this standard. Director confirmed that there had been no deviations from the staffing plan requiring documentation

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
- ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? ☒ Yes ☐ No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: Wyoming Department of Corrections procedure #4, Protection from sexual misconduct against ACC residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, both outline this process which conforms to compliance of elements (a) through (f) of this standard. However, Booth Hall's Policy 902.00 PREA does not address element (d). Compliance requires this be added to 902.00.

Other documentation: Staff training on PREA Community Confinement Privacy does include residents must be allowed to shower, change clothes, and use the toilet without opposite gender staff viewing and opposite gender staff announcements when entering a unit.

Interviews and observations: Random staff interviewed stated they always announce themselves when entering housing units or bathrooms of opposite gender residents. All staff stated they have never seen a cross gender pat search or strip search performed and would not do so. All staff stated they had been trained in transgender/intersex pat searches. All staff stated they knew not to perform a search to determine genital status. Random residents interviewed stated staff always announce themselves and felt they were never in a position that they had to be naked in front of opposite gender staff. Female residents stated they never felt held up to wait for a female staff to pat search them.

Corrective action: Booth Hall needs to add statements to policy to address element (d) of this standard.

Action taken: Booth Hall added elements to their specific policy to address the elements of this standard.

Findings: Based on the above policy, other documentation, interviews and action taken, the facility meets this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with 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, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take 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 residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (c) of this standard.

Resident orientation training under 02.00 states: VOA will take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agencies PREA efforts, to

include multi-language posters and various orientations. VOA will provide translation services upon request. (PREANS 115.216.a).

The information will be communicated orally and in written form in a manner that is clearly understood by the resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills (PREANS 115.216.a.b; 115.233.c).

Other documentation: Posters, resident handbook, notices, etc..., in Spanish
Memo outlining VOA uses google translate for foreign language translator services and Wyoming agencies for services for the blind and deaf.

Interviews and observations: There were no LEP residents at the time of the on-site. One identified disabled resident stated she had no issues with gaining the appropriate information and required no accommodations for receiving the information. Director indicates they rarely have LEP residents or residents unable to understand the information provided, they have used translator services and would provide this as needed to ensure understanding.

Findings: Booth Hall provides for translator services upon need or request. One on one orientation and education are provided to ensure understanding. Based on the above policy, other documentation and interviews, the facility meets this standard.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: 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)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: 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? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: 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)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: 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? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency 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 residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make 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? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Unless prohibited by law, does the agency provide 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, WDOC and FBOP policy all cover all elements of this standard very well. VOA policy 300.04 also requires new hire background checks. There is no verification method identified for ensuring elements (a), (b), (f) and (g) and completed.

Other documentation: Staff acknowledgement forms (blank). Completed forms were provided as noted below in "action taken."

Interviews and observations: PAQ indicates 20 persons have been hired in the last 12 months who have had background checks completed.

Corrective action: Booth Hall needs to provide verification of compliance with elements (a), (b), (f) and (g)

Action taken: Booth Hall, in consultation with the auditor, developed a staff acknowledgement form to be completed by all current staff and future staff prior to hiring. This form covers elements (a), (b), (f) and (g). Completed forms were provided to the auditor prior to submission of the original report.

Findings: Based on the above policy, other documentation, interviews and actions taken, the facility meets this standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: Booth Hall policy 902.00 addresses should the need arise.

Interviews and observations: There have been no upgrades to facilities or electronic monitoring devices since the last audit. Additional cameras have been requested, but not yet approved.

Findings: Based on the above information, the facility meets the standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☐ Yes ☐ No ☒ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA
- Is this protocol, as appropriate, adapted from or otherwise 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," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: Both FBOP and WDOC have policy in place to address elements (a, b & c) above. (VOA) does not investigate sexual abuse cases. Booth Hall policy does not address element (c) of this standard to provide for SANE/SAFE.

Other documentation: MOUs with Behavioral Health Services, Campbell County Memorial Hospital for emotional support services related to sexual abuse; Gillette Abuse Refuge Foundation for victim's advocate services. Letter of appointment and certificate of training completion for a victim advocate provided by the agency if needed.

An unsigned MOU with Campbell County Memorial Hospital for SANE/SAFE as needed was provided along with an e-mail requesting review by the hospital.

Interviews and observations: The facility reports no incidents occurred resulting in SANE/SAFE or other sexual assault exams were required.

An interview with a person in the emergency room stated they do SANEs for any persons in the area as requested by law enforcement. Hospital staff declined to be identified.

VOA Booth Hall does not investigate sexual abuse cases. WDOC or FBOP may investigate based on the resident's status and relative jurisdiction and have related policy in place to meet this standard.

Cases may be referred to the Campbell County Sheriff's Office who are not subject to this audit. Victim advocacy and emotional support services are available through MOUs.

Booth Hall shows evidence of attempting to enter into an MOU with Campbell County Memorial Hospital (CCMH) without success. An interview with hospital staff indicate SANEs are available as requested/needed.

Corrective action: (1) Booth Hall needs to address, in policy, access to SANE for resident victims of sexual assault. (2) While Booth Hall has shown attempts of entering into an MOU with CCMH for SANE availability, the attempts are outdated. Booth Hall needs to show recent attempts.

Action taken:

(1) Booth Hall added the following to policy: "VOA shall offer all victims of sexual abuse access to forensic medical examinations whether on- site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. VOA shall document its efforts to provide SAFEs or SANEs."

(2) Booth Hall provided documentation showing an active MOU with CCMH, dated 2016, for SANE/SAFE which states it is in effect until terminated by either party.

Findings: Based on the above policy, observations, interviews and actions taken, the facility meets this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00 requires all incidents be reported to the FBOP, WDOC or Campbell county SO. Policy does not specifically address administrative investigations and who would do those investigations.

WDOC policy #4 and FBOP policy require all incidents be investigated by the appropriate investigative agency all of whom have the authority to investigate criminal cases.

Other documentation: Website at <https://www.voanr.org/adult-re-entry>

Interviews and observations: The facility reports four allegations were received in the last 12 months. All were referred to outside law enforcement for investigation. Facility Director indicates all PREA related allegations are referred to the contractual agency and none are investigated by Booth Hall staff.

Corrective action: While policy is in place, there was no evidence provided to address the public posting (website or other) of who conducts what type of investigation or their respective responsibilities. Publish noted policy on website or make the policy available through other means and provide documentary evidence of compliance.

Action taken: Booth Hall requested the website be updated to reflect the above information. Auditor reviewed the website to confirm.

Findings: Based on the above policy, observations, interviews and actions taken, the facility meets this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☐ Yes ☒ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (d) of this standard.

Other documentation: Booth Hall Employee Acknowledgement signature form.
Lesson Plans for PREA training.

Interviews and observations: PAQ indicated monthly staff meetings and trainings occur to provide employees with current policies regarding sexual abuse and harassment. The facility also conducts PREA refresher training, provides email tips, handouts and PREA materials are on site for viewing. They report 33 employees were trained or re-trained on PREA.

Findings: Based on the above policy, observations, interviews and actions taken, the facility meets this standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☐ Yes ☒ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (c) of this standard.

Other documentation: The PREA Acknowledgement provided in file is for employees and does not identify contractors/volunteers or the type of training received. However, volunteers are directed to write in "volunteer" on the form and they complete the same training which covers the above elements. Visitor Log does contain the statement "This facility has zero-tolerance for all forms of sexual abuse and harassment. If you are involved or witness an incident of sexual abuse or harassment of our residents, you must report it immediately to the PREA Coordinator, Director or designee. (PREANS 115.232)".

Completed forms for volunteers were provided.

Interviews and observations: The facility reports 5 volunteers or contractors have been trained or re-trained on PREA. Two volunteers were interviewed and stated they had received the appropriate training.

Findings: Based on the above policy, observations, interviews and actions taken, the facility meets this standard.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?
☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (e) of this standard.

Other documentation: Resident Handbook and An End to Silence Handbook is given to all residents at intake to the facility. Both contain appropriate PREA related information on zero tolerance, reporting, rights, etc...

LGBTI handouts for end the silence are provided at intake.

Know your rights handouts are provided at intake.

Resident acknowledgement forms with resident signature verifying the training/orientation.

Interviews and observations: 270 residents received education as outlined in (a) above with none being transferred from other facilities. All random residents interviewed were knowledgeable on most aspects of the standard.

Findings: Based on the above policy, observations, interviews and actions taken, the facility meets this standard.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (d) of this standard.

Other documentation: Three staff's training certificates for Wyoming DOC Investigative Unit training.

Interviews and observations: Although policy outlines the process, Booth Hall does not conduct any sexual abuse investigations. All investigations are conducted by other agencies. Booth Hall would not conduct administrative investigation for sexual harassment if no criminal actions are determined but would refer to the contractual agency for investigation. Policy is in place to provide for administrative investigations of sexual harassment cases referred back to Booth Hall should that occur.

Findings: Based on the above policy and interviews, the facility meets the standard as they conduct no investigations.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing

federal BOP felons, outline this process which conforms to compliance of elements (a) through (d) of this standard.

Other documentation: Training material for medical/mental health staff.
Training certificate for mental health staff (1) receiving noted training.

Interviews and observations: No medical staff work at the facility. One mental health staff is assigned and has completed the noted training. He was interviewed and stated he has received specialized training in PREA.

Findings: Based on the above policy, other documentation and interviews conducted, the facility meets this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☐ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever 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? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented 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 resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior

Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (i) of this standard.

Other documentation: Blank and completed ACC PREA Risk Screening tool and re-assessment tool. FBOP PREA Risk screening and Re-assessment tools. Excel data base showing date of arrival, 72 hour assessment complete, day 30 day assessment is due and date completed. (excellent)

Interviews and observations: Auditor received and reviewed completed tool examples with assessments within 72 hours and re-assessment within 30 days. Facility reports 262 residents entered the facility and remained for more than both 72 hours and 30 days. In an interview with a staff responsible for risk screenings, she indicates confinees are interviewed with the risk assessment being a part of the orientation process within 72 hours. Interviews are done in private following the assessment tool. She was very knowledgeable of the process. Assessments would occur anytime need was identified. Only case managers, the director and PREA staff have access to the completed documents. Random confinees interviewed indicate these questions are asked at arrival, but many did not remember being asked again after the initial.

Findings: Based on the above policy, procedures, other documents and interviews of staff and confinees, the facility meets this standard.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (f) of this standard.

Other documentation: WDOC Risk assessment tool and instructions on the use of the information attained from the tool.

PREA Risk Assessment Placement Tool is an excellent tool which provides responsible staff with necessary information for the placement of residents based on all available information.

Interviews and observations: Interviews with staff indicate, confinees are housed accordingly based on the assessment tool. The goal is to place confinees with their protection in mind.

Findings: Based on the above policy, observations, interviews and actions taken, the facility meets this standard.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (d) of this standard.

Other documentation: Two separate hotline numbers are provided by Booth Hall for residents to call to report as outlined in this standard. One contact is the Gillette Abuse Refuge Foundation (GARF) Residents may also correspond directly with the staff, Division Director of COO if desired. This information is in the resident handbook. WDOC provides posters with a hotline number and provides three other numbers to report; WDOC AG 307.737.6781; Goshen County Task Force on Sexual Assault at 307.532.2118; Helpmate at 307.334.2608 and 1.877.966.4276. Staff handbook outlines staff method of privately reporting to the PREA Coordinator, Division Director, Chief of Operating Officer or an anonymous hotline called "Whistleblower Hotline". This is also covered in policy.

Interviews and observations: Interviews with staff and residents indicate both are aware of reporting methods or know where to get the information and confirm the above is correct.

Findings: Based on the above policy, procedures, other documentation and interviews/observations the facility meets this standard. Numerous ways to report are provided and the information is readily available to residents.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency 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? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons, outline this process which conforms to compliance of elements (a) through (g) of this standard.

Other documents: The resident handbook outlines the grievance procedure.

Interviews and observations: The facility reports no grievances (or emergency grievances) were filed in the last 12 months alleging sexual abuse.

Findings: Based on the above policy, the facility meets this standard. The facility has not received any grievances or emergency grievances associated with the standard, therefore no records to research.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, 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? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (c) of this standard.

Other documentation: MOU with Campbell County Memorial Hospital, Behavioral Health Services providing resident confidential emotional support services related to sexual abuse. MOU with Gillette Abuse Refuge Foundation (GARF) providing residents with a victim advocate through the entire process of sexual assault including emotional support, crisis intervention, information and referrals. MOU also provides for bilingual advocate if needed.

Interviews and observations: No evidence provided to indicate the availability of mailing addresses provided to residents. MOUs are in place and provide for confidentiality.

Findings: Based on the above policy, observations, interviews and actions taken, the facility meets this standard.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements of this standard.

Other documentation: Snap shot of website and posters with 3rd party reporting methods.

Interviews and observations: Website provides third parties with phone numbers to call to report sexual abuse or harassment of a resident. Staff and resident knowledge of 3rd party reporting was minimal. Recommend more emphasis in education and training.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy 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? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing 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? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (e) of this standard.

Other documentation: VOA PREA Flow Chart for allegations of sexual assault.
VOA PREA Sexual Assault Reporting Procedure.

Interviews and observations: All staff interviewed were well aware of reporting procedures to include how to report, confidentiality, urgency, etc.... Medical is not provided by the facility, rather residents are responsible for their own medical care through local clinics and hospitals (except in sexual assault cases as defined in MOUs). An interview with the single mental health staff person, he stated residents are informed of the limitations of confidentiality prior to services being provided.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of this standard.

Other documentation: The facility reports no incidents of substantial risk of imminent sexual abuse of a resident was reported in last 12 months.

Interviews and observations: All random staff interviewed responded well on what to do if they receive information that a resident may be at imminent risk of sexual abuse. All stated, separate, isolate and report immediately. The Director/PREA Coordinator stated any resident discovered to be at risk is isolated and separated pending further investigation.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (f) of this standard.

Other documentation: Facility to facility report (actual) (2)

Interviews and observations: The facility reports one incident of a reported sexual abuse at another facility that was reported at Booth Hall. Booth Hall assisted WDOC in the reporting and investigation. Facility also reports one case was reported at another facility involving an allegation at Booth Hall. Director/PREA Coordinator states he is involved in the reporting and processing of alleged incidents to and from other facilities.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) and (b) of this standard.

Other documentation: PREA Flow Chart
VOA-Booth Hall Immediate Response Procedure Cards (excellent)

Interviews and observations: All random staff were well aware of first responder duties and all security staff are considered first responders due, in part, to the small size of the facility. Some staff could not remember some specifics, such as, don't wash, brush teeth, etc..., but the staff did produce the response card that all staff are required carry on duty.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of this standard.

Other documentation: : PREA Flow Chart
VOA-Booth Hall Immediate Response Procedure Cards (excellent)
PREA Sexual Assault Reporting Procedure

Interviews and observations: The above mentioned PREA Flow Chart specifies duties as required by this standard for first responders and facility leadership. The flow chart shows the reporting to medical, and referral to SANE/SAFE, and investigations (local law enforcement). The response cards for staff guide the staff through the initial response, protecting the resident victim, securing the scene, reporting, etc...

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews and observations: In interviewing the Director/PREA Coordinator, the agency and facility are not for profit organizations that are not involved in any form of collective bargaining.

Findings: Based on the above interviews, the facility meets this standard.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (e) of this standard.

Interviews and observations: In interviewing the staff responsible for the monitoring for retaliation, staff indicate periodic checks not to exceed 15 days occur after the initial interview prior to 72 hours of the report and last for at least 90 days unless determined to be needed for longer. No limit on how long

she would monitor or if the resident left the facility. Residents may be moved to different areas of the facility or out of the facility if needed to protect against retaliation. Staff would monitor for disciplinary changes, housing changes, major behavioral changes, and interview regularly.

Findings: Based on the above policies and interviews, the facility meets this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☐ Yes ☐ No ☒ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (j) & (i) of this standard.

VOA policy was updated to reflect the following:

VOA will do administrative investigation when Wyoming Department of Corrections, Bureau of Prison, and/or Sheriff's Department declines to investigate the allegations. VOA will follow these steps: (PREANS 115.268)

1. Administrative investigations will be appointed by the Director to staff that have been approved to do investigations.
2. VOA will include an effort to determine whether staff actions or failures to act contributed to the abuse; and
3. VOA will document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Other documentation: Training certificates for two Booth Hall staff completion of Wyoming DOC's Introduction to Investigations and on certificate for a staff completion of NIC's PREA Investigator course.

Interviews and observations: VOA does not investigate sexual abuse cases or any case that may have criminal aspects. WDOC or FBOP may elect to not pursue a harassment case and refer back to VOA for administrative investigation only. In an interview with one staff who completed training and

could be assigned to complete an administrative investigation, reflects she has been trained but would not be involved in Miranda or Garrity, evidence collection, etc.. That would all fall to WDOC, FBOP or local law enforcement. She states the investigation would involve efforts to determine possible contributing factors, such as; staff actions or failures. She states all investigations are fully documented. The standard of evidence is preponderance and residents who make allegations are kept informed of all aspects of the investigation to include determinations.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of this standard.

Interviews and observations: VOA does not investigate sexual abuse cases or any case that may have criminal aspects. WDOC or FBOP may elect to not pursue a harassment case and refer back to VOA for administrative investigation only. In an interview with one staff who could complete administrative investigations, she stated the level of evidence to determine substantiated or not is the preponderance of evidence.

Findings: Based on the above policies, observations and interviews, the facility meets this standard.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (e) of this standard.

Other documentation: Notification to a resident of an investigation's findings.
WDOC Form #131, Incident Reporting Form.

Interviews and observations: In interviews with the PREA Coordinator and staff responsible for administrative investigations, both stated the resident is notified as noted in the standard.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (d) of this standard.

Other documentation: VOA Employee Termination Form
VOA Employee Documentation of Performance form

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) and (b) of this standard.

Interviews and observations: In an interview with the Director/PREA Coordinator, he states volunteers or contractors would be immediately removed and banned from access pending investigation. Permanent banning would occur if warranted by the results of the investigation. Law enforcement and relative licensing body would be notified based on the investigation results.

Findings: Based on the above policies, observations and interviews, the facility meets this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (g) of this standard.

Other documentation: WDOC Adult Community Corrections (ACC) Code of Conduct for residents.
FBOP Inmate Discipline Program
FBOP Incident Report including actions after review

Findings: Based on the above policies and other documentation, the facility meets this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse 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?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse 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? ☒ Yes ☐ No

115.282 (d)

- Are treatment services 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?
☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) and (b) of this standard.

VOA policy under investigations was updated to state:

2. VOA shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. VOA shall document its efforts to provide SAFEs or SANEs.

Other documentation: Unsigned MOU with Campbell County Memorial Hospital (CCMH) for SANE/SAFE and emotional support services.

e-mail attempts to complete MOU with CCMH

MOU with GARF for victim advocate and emotional support services.

WDOC resident handbook

UPDATE: Signed MOU with CCMH provided to the auditor.

Interviews and observations: In an interview with an unnamed (requested) SANE at CCMH indicates they do SANE/SAFE as requested by victims and/or law enforcement. This person stated they would do the same for VOA.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, 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? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services 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? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (h) of this standard.

Interviews and observations: In an interview with mental health staff, he indicates all reported victims of sexual abuse, regardless of where or when the abuse occurred, are offered counseling to include follow-up services and treatment plans. Any identified abuser is evaluated and offered counseling within 60 days of arrival.

Findings: Based on the above policies, observations and interviews, the facility meets this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (e) of this standard.

Other documentation: Three examples of incident reviews.

Interviews and observations: In interviewing the Director/PREA Coordinator and staff responsible for incident reviews, the facility does conduct incident reviews, covering all elements of the standard, which are reviewed by the Director and CEO of the agency. Recommendations are made from reviews.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- Does the incident-based data 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? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (f) of this standard.

Interviews and observations: Review of Booth Hall's website with 2014-22017 annual reports.

Findings: Based on the above policies, other documentation and observations, the facility meets this standard.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy: VOA Booth Hall policy 902.00, Wyoming Department of Corrections procedure #4, Protection from Sexual Misconduct Against ACC Residents, which directs Booth Hall's procedures to follow in housing Wyoming State felons and FBOP program statement 5324.12, Sexual Abusive Behavior Prevention and Intervention Program, with which directs Booth Hall's procedures to follow in housing federal BOP felons, outline this process which conforms to compliance of elements (a) through (d) of this standard.

Other documentation: 2015, 2016 & 2017 annual reports for WDOC and VOA Booth Hall
2014 ssv for Booth Hall

Interviews and observations: posted on <https://www.voanr.org/adult-re-entry>

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make 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 its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Other documentation: WDOC and VOA Booth Hall Annual reports for 2015, 2016 & 2017

Interviews and observations: The Director states all data is kept electronically and in hard copy in his locked office.

Findings: Based on the above policies, other documentation and interviews, the facility meets this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Type text here...

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Type text here...

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative

personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dave Cotten

March 15, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.