

PREA Facility Audit Report: Final

Name of Facility: Booth Hall Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 01/25/2025

Date Final Report Submitted: 04/14/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Candace L. Snyder

Date of Signature: 04/14/2025

AUDITOR INFORMATION

Auditor name: Snyder, Candy

Email: snyder@gwtc.net

Start Date of On-Site Audit: 12/09/2024

End Date of On-Site Audit: 12/10/2024

FACILITY INFORMATION

Facility name: Booth Hall Residential Reentry Center

Facility physical address: 1299 Raymond Street, P.O. Box 1346, Gillette, Wyoming - 82718

Facility mailing address: P.O Box 1346, Gillette, Wyoming - 82717

Primary Contact

Name:	Natalie Coxbill
Email Address:	Natalie.Coxbill@voanr.org
Telephone Number:	307-752-6458

Facility Director	
Name:	Natalie Coxbill
Email Address:	Natalie.Coxbill@voanr.org
Telephone Number:	3077526458

Facility PREA Compliance Manager	
Name:	Natalie Coxbill
Email Address:	natalie.coxbill@voanr.org
Telephone Number:	307-682-8505

Facility Characteristics	
Designed facility capacity:	148
Current population of facility:	106
Average daily population for the past 12 months:	122
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	>18
Facility security levels/resident custody levels:	Work Release
Number of staff currently employed at the facility who may have contact with residents:	31
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Volunteers of America Northern Rockies
Governing authority or parent agency (if applicable):	
Physical Address:	1876 South Sheridan Avenue, Sheridan, Wyoming - 82801
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information
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Name:	Richard Burton	Email Address:	richard.burton@voanr.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-12-09
2. End date of the onsite portion of the audit:	2024-12-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Gillette Abuse Refuge Foundation and the Wyoming Division of Victim Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	148
15. Average daily population for the past 12 months:	122
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	101
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	35
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed inmates from all housing assignments
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1469 1469 1630"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>1</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed residents and staff at the facility and reviewed investigative documents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>

49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 539 1469 701"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 748 1469 826"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed residents and staff at the facility and reviewed other documents which corroborated that there were no residents with this characteristic to be interviewed.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	4
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☐ Medical staff
- ☐ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	There are no volunteers/contractors at this facility.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	3	0	3	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	2	1	0
Total	0	2	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

8

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were no reports of sexual harassment to be investigated.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902.00 3. Booth Hall Org Chart 2024 4. Senior Director of Booth Hall Job Description 5. Vice President of Correctional Services Job Description <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator 3. 12 random staff 4. 20 random residents <p>The Booth Hall Residential Reentry Center is a 148-bed community confinement facility in Gillette, Wyoming operated by the Volunteers of America Northern Rockies (VOANR).</p>

	<p>Findings by Provision:</p> <p>115.211 (a): The VOANR-Booth Hall Policy 902 Staff Sexual Misconduct Against Offenders (PREA) opening policy statement affirms, "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. VOA shall comply with federal and respective state laws as they pertain to PREA, sexual violence and sexual misconduct. If there is a variation in laws, the stricter regulation will apply."</p> <p>115.211(b): The VOANR-Booth Hall Policy 902 states in the third paragraph of the opening policy statement, "VOA will designate at least one upper-level corporate staff member to become the PREA Coordinator to ensure compliance with all standards across agency programs/facilities." The PREA Coordinator holds the position of Vice President of Correctional Services and Community Outreach, is a member of the executive staff, and therefore has the authority to develop and oversee the efforts of the facility to prevent, detect, and respond to sexual abuse and sexual harassment. Although not required by this standard, the Booth Hall Director acts as a PREA Compliance Manager within the facility to assist the PREA Coordinator in maintaining day-to-day compliance within the facility. The Director and the PREA Coordinator at Booth Hall work well together and ensure compliance is achieved and maintained with all PREA standards. Their duties as PREA Coordinator and PREA Compliance Manager are outlined in their job descriptions.</p> <p>The PREA Coordinator was knowledgeable as to his role and stated he has enough time to manage all of his PREA-related responsibilities. The Director stated that she works with the PREA Coordinator to ensure that they are maintaining PREA compliance within the facility and that the ultimate goal is to make sure that all residents are safe.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the organization chart, and interviews with the Director, PREA Coordinator, random staff, and random residents. All staff and residents were knowledgeable of the zero-tolerance policy.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator

	<p>Findings by Provision: 115.212 (a) and (b): The Booth Hall does not contract for the confinement of residents with an outside entity.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire and interviews with the Director and the PREA Coordinator.</p>
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115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902.00 3. Staffing Plan Memos dated 7/1/22, 7/3/23, and 7/1/2024 4. Supervision and Monitoring Staffing Plan 2024 5. Booth Hall Org Chart 2024 6. Staff schedule <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator <p>Findings by Provision: 115.213 (a) - (b): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Prevention 1.d., “VOA Division Director will develop and document a staffing plan that provides for adequate levels of staffing which helps to protect residents against sexual abuse. In calculating adequate staffing levels, the facilities/ programs shall take into consideration: the physical layout of each facility, the compositions of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan and advise the PREA Coordinator as well as the Division Director.”</p> <p>115.213 (c): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Prevention 1.d., second paragraph, “VOA, whenever necessary but no less frequently than once each year, shall conduct a staffing analysis in consultation with the PREA Coordinator. Determination shall be based on: 1. The staffing plan established in this section; 2. The facility’s deployment of video monitoring and other monitoring technologies; 3. The resources the facility has available to commit to ensure adequate staffing levels; 4. Prevailing staffing patterns”.</p> <p>The auditor reviewed the Supervision and Monitoring Staffing Plan 2024 which outlines the number of staff on each shift and continues to explain what their duties</p>

	<p>will be during their shift and how to ensure there is a minimum number by utilizing relief staff. The Booth Hall has strong, consistent leadership, a good training program, and a positive culture. The audit reviewed the Staffing Plan Memos dated 7/1/22, 7/3/23, and 7/1/2024 which state they had reviewed their staffing levels, and that adequate staffing was available for all three shifts. The memo was sent from the Program Director to the Program Manager and copied to the PREA Coordinator.</p> <p>The auditor toured all areas of the facility and observed all areas including the housing areas, resident rooms, restrooms, dayrooms, TV lounges, dining room, kitchen, laundry rooms, storage areas, pat search areas, where the resident education is presented, staff areas, and the outside smoking areas. While touring the facility the auditor noted camera locations, and the staff pointed out which cameras had audio capability. The auditor came in during all shifts including the night shift to see operations at all times of the day. The auditor had informal conversations and made observations about resident supervision. The storage doors were locked, and the facility practices and procedures ensure staff and residents are not in a one-on-one situation off camera. The auditor interviewed the Director who stated that there have been no deviations from the staffing plan. If a shift were to fall short, even for a very short duration, the Director and the shift supervisor would look to the hierarchy of administrative staff including the Director to provide coverage.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations of rounds, staffing patterns, observing staff lines of sight and watching staff monitor the facility both in person and the video monitoring at the control desks, through a review of the pre-audit questionnaire, interviews with the PREA Coordinator, and the Director (PREA Compliance Manager), and through random interviews with staff and residents. In informal conversations with residents, they stated they felt safe here and that staff conduct rounds regularly, including managers.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Staff training records <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator

3. Cross Gender Strip Search Interview protocol
4. 12 random staff
5. 20 random residents

Findings by Provision:

115.215 (a) and (c): There are both male and female residents at this facility. Both male and female staff are on duty at this facility. The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Searches paragraph 1., VOA shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. If the circumstance requires a cross-gender search, the staff member shall document and justify the reason in the Resident Log within SecurManage.” The auditor interviewed administrators, staff, and residents. There have been no cross-gender strip searches or cross-gender visual body cavity searches. Front line staff were aware that they are not to do any type of strip search. This would have to be approved by the PREA Coordinator, the Director, or the Case Manager.

115.215 (b): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Searches paragraph 2, “The facility shall not permit pat searches of females by male staff except in exigent circumstances. If the circumstance requires this type of search, the staff member shall document and justify the reason.” The auditor interviewed administrators, staff, and residents. Male staff do not conduct pat searches on female residents. The auditor spoke with staff and with female residents who consistently stated that if there is not a female staff to conduct their pat search then the male staff have them remove their coat, empty their pockets, search their belongings, and wand them. The auditor observed where pat searches are conducted. There is good camera coverage in this area.

115.215 (d): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Searches paragraph 4., “The facility will 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 room checks” The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Transgender and Intersex Residents paragraph 5., “Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Furthermore, a resident may approach a Lead Mentor or designee and request staff to clear the showers to ensure privacy. Staff will clear the showers of other residents, then monitor the shower entrance to ensure privacy until the shower is complete. Individual room showers are available in all other rooms.” The auditor interviewed residents and staff who confirmed that staff of the opposite gender do not enter the bathroom. Residents and staff consistently stated that during rounds if someone is in the bathroom, staff of the opposite gender announce outside of the door and ask for their name to conduct their count. Residents and staff consistently stated that staff of the opposite gender knocked on the resident’s door and announced themselves before opening the door. The auditor witnessed this while on the facility tour. The auditor spoke with residents who stated that this is consistently

	<p>done.</p> <p>115.215 (e): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Searches paragraph 4., “The facility shall not search or physically examine a transgender or intersex residents for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.” There were no inmates who identified as transgender present to be interviewed. The auditor interviewed the PREA Coordinator, the Director (PREA Compliance Manager), and the staff who conduct the intake and screening who stated that information regarding sexual identity is typically known before the resident arrives as most residents are arriving from a more secure facility. If it is not known ahead of time, they do not conduct strip searches – only pat searches. Identity as a transgender or intersex person would be gathered through conversation with the resident and then they would ask who they prefer to be pat searched by, a male or a female staff.</p> <p>115.215 (f): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the section titled Searches paragraph 3., “Operations/security staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” All staff stated that they participate cross-gender pat search training. They typically use the curriculum “Guidance on Cross Gender and Transgender Pat Searches” from the National PREA Resource Center. They recently augmented this training by an in-person training presented by a deputy from the Campbell County Sheriff’s Office. The auditor verified this by reviewing training records and through appropriate responses during the staff interviews. All staff either stated or demonstrated to the auditor during the interviews that they use the blade or the back of the hand when near intimate areas.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations while on the tour, and staff making notices when they entered housing of the opposite gender, through a review of the pre-audit questionnaire, interview with the PREA Coordinator, and the Director (PREA Compliance Manager), and through random interviews with staff and residents. The auditor reviewed the camera coverage and there is no camera in an area where residents might be in a state of undress. The auditor also had informal conversations with residents regarding their privacy during showering, toileting, and changing clothing.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 902

Interviews Conducted:

1. Director
2. PREA Coordinator
3. 12 Random Staff

Findings by Provision:

115.216 (a) - (b): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Resident Orientation section paragraph 2 that "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." It goes on to state in paragraph 3 that, "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." The auditor verified the facilities use of interpreting by telephone services with Language Services Associates to include American Sign Language services over video. In conversations with the administration and staff, they will work with residents who may have trouble reading or comprehension due to a disability or cognitive impairment. They read the information and explain it to them at a level they can understand. They have instructed all staff in the use of these procedures and provided the numbers for their 24-7 interpretation service in easily accessible areas. The interpretive services can assist in the intake process, screening process, education on how to report and if need be, translate during the investigative process. These procedures were confirmed during staff and resident interviews. There were no residents that needed these services during the onsite phase of the audit to be interviewed but the auditor has tested the Language Services Associates to verify they are available if the need arises. In addition, the auditor reviewed materials provided to residents to include materials that are in both English and Spanish as Spanish would be the language primarily encountered at this facility.

115.216 (c): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Staff First Responder Duties section in paragraph 3 that, "VOA shall not rely on resident interpreters, resident readers or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could comprise the resident's safety, the performance of first-response duties under PREANS 115.264 or the investigation of the resident's allegations." The auditor interviewed administrators and staff and there have been no reported uses of resident interpreters, readers, or assistants.

The auditor determined compliance with this standard through a review of the policies, the interpretation service documentation, and through interviews with administrators, staff, and residents.

115.217	Hiring and promotion decisions
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 635 376">Documents Reviewed:</p> <ol data-bbox="280 383 1134 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Documentation of background checks for employees 4. Documentation of check with prior institutional employer 5. Documentation asking about previous sexual misconduct. <p data-bbox="280 622 639 656">Interviews Conducted:</p> <ol data-bbox="280 663 432 696" style="list-style-type: none"> 1. Director <p data-bbox="280 734 635 768">Findings by Provision:</p> <p data-bbox="280 775 1477 936">115.217 (a): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that "VOA shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:</p> <ol data-bbox="341 1003 1469 1335" style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in this section. <p data-bbox="280 1373 1449 1659">The auditor interviewed the Director who confirmed their compliance with this policy. They conduct reference checks of previous institutional employers and ask the sexual misconduct questions of applicants on the Booth Hall PREA Employee Acknowledgement forms. The auditor requested and received a random sample of five employees in which these questions have been answered upon hire as well as requiring the acknowledgment of the newly hired employees understanding that they have a continuing affirmative duty to disclose any such misconduct.</p> <p data-bbox="280 1697 1477 2067">115.217 (b): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that, "VOA shall 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." The auditor interviewed the Director who confirmed their compliance with this policy by conducting a reference check with previous institutional employees and a review of a staff member's personnel record and PREA documentation for any incidents of sexual misconduct when considering an employee for promotion. There are currently no contractors in use by Booth Hall, but the Director stated that she is</p>

aware of the requirements to conduct background checks and inquire about previous sexual misconduct.

115.217 (c): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that "Before hiring new employees, who may have contact with residents, the facility/program shall:

1. Perform a criminal background records check; and
2. 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.

The auditor interviewed the Director who stated that the Booth Hall conducts criminal background checks on applicants before an offer of employment is made and on current employees when they are promoted. The auditor reviewed a random sample of five employee files and found that the necessary background checks were run for new hires. The auditor requested and received the required documented information of inquiry made to a previous employer whether there were any previous substantiated allegations of sexual abuse or resignations pending an investigation of an allegation of sexual abuse for any employees who had previous institutional employment.

115.217 (d): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that "The facility/program shall also perform a criminal background records check before enlisting the services of any contractor or volunteer who may have contact with residents."

The auditor interviewed the Director who stated that they will conduct criminal background checks on contractors or volunteers before their services can be used at the facility. There are currently no contractors or volunteers in service at this facility.

115.217 (e): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that "All VOA employees who may have contact with residents will be subject to a criminal background record check at least once every five years. Background forms will be submitted to the Wyoming Department of Corrections and verified through NCIC. Current employees found to have committed previous acts of sexual misconduct will be ineligible for promotions and may be subject to termination. Additionally, every employee will be required as part of the annual performance review process to disclose any previously undisclosed incidences of misconduct. As a reminder, every VOA employee has an on-going obligation to disclose any such misconduct and may be terminated for material omissions or providing materially false information regarding such conduct." The auditor requested and received a random sample of five employees' criminal background checks. Some were run through the Wyoming Department of Corrections and/or through the Federal Bureau of Prisons and one was obtained from

a background check service provider. The Director stated that when they renew their federal contract every three years, the Bureau of Prisons runs a background check on every employee. The random sample included some background checks for veteran employees who had the most recent five-year update as well as employees who had the background check run during the hiring process this past year. There have been no contractors in service over the past 12 months at this facility. However, the auditor discussed this with the Director, and they are aware of this requirement.

115.217 (f): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that "VOA staff shall ask all applicants and employees, contractors and volunteers who may have contact with residents directly about previous misconduct described in this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct." The auditor reviewed the Booth Hall PREA Employee Acknowledgement forms that ask the required sexual misconduct questions outlined in provision (a) of this standard. The administration was not completing a new form during part of the annual employee review process. The original form signed by employees does state that they understand that they have continuing affirmative duty to disclose any such misconduct.

115.217 (g): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The auditor also reviewed the Booth Hall PREA Employee Acknowledgement forms that state that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination. The auditor reviewed a sample of five employees who signed and dated this form.

115.217 (h): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Prevention section d. "Staffing" that "Unless otherwise prohibited by law, the facility/program shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work." The auditor also reviewed the Booth Hall PREA Employee Acknowledgement forms. The wording of the form is confusing. See the suggested recommendation below. The auditor discussed this provision with the Director. The Human Resources staff have called her previously when other institutional employers have requested this information so that she can provide the information from the PREA investigation files.

The auditor determined compliance with this standard through a review of the policies, a review of human resources forms used in the hiring process, and a review of databases used to keep track of the information. The auditor requested sample documents for five employees that were selected randomly by the auditor. The auditor also confirmed these policies and procedures through an interview with the

	<p>Assistant Director as the Human Resources staff was not available during the onsite portion of the audit.</p> <p>RECOMMENDATION: Regarding provision (h), the form states "...VOA Booth Hall shall provide information on substantiated allegations of sexual abuse or sexual harassment involving your former employee upon receiving a request from an institutional employer for whom such an employee has applied for work". The statement is rather confusing as it is an acknowledgment by the current employee. The auditor suggests it be corrected to something like, "If you terminate employment, VOA Booth Hall will provide information on substantiated allegations of sexual abuse or sexual harassment involving any former employee upon receiving a request from an institutional employer for whom such employee has applied to work."</p> <p>CORRECTIVE ACTIONS: The auditor required that to comply with provision (f) they complete the Booth Hall PREA Employee Acknowledgement forms that ask employees directly about previous misconduct described in provision (a) during part of the annual employee reviews. At the close of the corrective action period, the auditor required a list of all current employees, with their hire date, and their most recently signed PREA Employee Acknowledgement forms. The Director provided the requested documents and has implemented procedures to complete this annually.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.218 (a): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the New Facilities/Upgrades section, paragraph 1. "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, VOA will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The auditor directly observed the facility and conducted interviews with the Director and the PREA Coordinator who stated that they consider the protection of residents and the standards when contemplating upgrades to the facility or in the application of technology. The Booth Hall has not made any substantial modifications to their building since the last audit.</p>

	<p>115.218 (b): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the New Facilities/Upgrades section, paragraph 2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, VOA will consider how such technology may enhance the facility/program's ability to protect residents from sexual abuse. The Director stated that they added cameras to a storeroom prior to 2021 as part of an incident review. They have also added electronic entry to better control access to the entrance of the administration area. Visitors must be buzzed in after ringing the bell at the entry. The auditor reviewed video monitoring systems, directly observed the facility, and conducted interviews with the Director and the Senior Vice President/PREA Coordinator. The Senior Vice President/PREA Coordinator stated that they look at the entire scope of a project and the total aspect of how the building is used when considering any changes to include modifications, additional technology and additional cameras. They are considering adding more doors that do not require a key but rather badge swipes that are programmed by an individual's position and an individual's need for access. He also mentioned the storeroom where they added a night vision camera and a window light in the door.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through an interview with the Director and the Senior Vice President/PREA Coordinator.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Investigative training certificates 4. "What is Sexual Assault?" brochure – WY Citizen Review Panel 5. WY Division of Victim Services SANE information 6. MOU with Gillette Abuse Refuge Center 7. MOU with Campbell County Memoria Hospital <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator 3. Administrative Investigator from WY DOC 4. Gillette Abuse Refuge Foundation (GARF) Director <p>Findings by Provision:</p> <p>115.221 (a), (b), and (f): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Investigations section under paragraph 1 that "VOA is not</p>

responsible for investigating allegations of sexual abuse. The VOA reports all investigations to the Department of Corrections, Bureau of Prisons, and/or the Sheriff's Department, and will rely on these agencies to conduct these investigations but shall request that the investigating agency follow the requirements as outlined in §115.221 (a) through (e) of the standards. Paragraph 7 of this section states that "VOA shall ensure that allegations of sexual abuse or sexual harassment are referred to the Wyoming Department of Corrections Investigative Unit, or the Campbell County Sheriff's Office to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document all such referrals." The auditor interviewed the Director who confirmed that Booth Hall utilizes the Wyoming Department of Corrections Investigative Unit to conduct administrative investigations and the Campbell County Sheriff's Office to conduct criminal investigations. The auditor interviewed the manager for the Wyoming Department of Corrections Investigative Services Unit who conducts administrative investigations. The administrative investigators have completed courses from various organizations that all emphasize a uniform evidence protocol for collecting physical evidence -- the PRC, the Moss Group, and the NIC. Criminal investigations are completed by the Campbell County Sheriff's Department.

115.221 (c): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Investigations section under paragraph 1 that 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. The auditor reviewed the SANE information provided by the Wyoming Division of Victim Services which states that as of July 1, 2019, hospital/SANE programs will bill the Division of Victim Services pursuant to Wyoming Statute § 6-2-309(g). The auditor discussed with the Director who stated residents who have been sexually assaulted would be transported to the Campbell County Memorial Hospital. There are SANE nurses at the hospital to conduct the forensic examination. However, if a SANE is not available a qualified medical practitioner performs the forensic medical examination. Booth Hall has a Memorandum of Understanding (MOU) with Campbell County Memorial Hospital that documents this agreement. There have been no forensic medical exams conducted during the past 12 months. The auditor interviewed a random sample of staff to confirm they understand their responsibilities to preserve and protect evidence.

115.221 (d) - (e): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Residents access to Support Services section under paragraph 1 that "The VOA shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis

	<p>organizations. VOA makes these contacts available through brochures and, through information provided in the Resident Handbook. The auditor reviewed the MOU with the Gillette Abuse Refuge Foundation (GARF), the local rape crisis center in Gillette. The MOU states that GARF will provide residents of Booth Hall assistance from a victim advocate to include but not limited to providing intervention and related assistance to victims of sexual assault. The victim may also request from the victim advocate staff member to accompany and support the victim through a forensic medical examination process and investigatory interviews. The victim advocate will also provide emotional support, crisis intervention, information, and referrals. The auditor interviewed the director of GARF who confirmed that they have an MOU with the facility and that they would provide the services as outlined in the MOU. The auditor interviewed the Director who confirmed that they would always ask the resident if an advocate can be provided from GARF.</p> <p>115.221 (g): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Investigations section under paragraph 5 that “Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.” The VOA PREA policy also states that any State entity or Department of Justice component that conducts investigations will do so pursuant to the requirements as outlined in the VOA policy that was written per the PREA Standards with regard to investigations.</p> <p>115.221 (h): The auditor reviewed VOANR-Booth Hall Policy 902 which states in the Investigations section under paragraph 3 “For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.” The auditor reviewed the pre-audit questionnaire and interviewed the PREA Coordinator and the Director. All three sources consistently stated that they would use GARF advocates, but do have qualified mental health services available through VOANR.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of VOANR-Booth Hall Policy 902, and the documentation as stated in each provision above. The auditor also drew on interviews with the Director, the PREA Coordinator, the manager of the Wyoming DOC Investigative Services Unit, and the local rape crisis center.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 902
3. Administrative Investigation Reports
4. VOANR website

Interviews Conducted:

1. Director
2. PREA Coordinator
3. Administrative Investigator

Findings by Provision:

115.222 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigations section paragraph 1. which states, "VOA is not responsible for investigating allegations of sexual abuse. The VOA report all investigations to Department of Corrections, Bureau of Prisons, and/or the Sheriff's Department, and will rely on these agencies to conduct these investigations but shall request that the investigating agency follow the requirements as outlined in §115.221 (a) through (e) of the standards." The auditor interviewed the Director who stated all investigations are turned over to the Wyoming Department of Corrections Investigative Services Unit. The auditor interviewed the manager of the investigative services unit who confirmed that they handle all administrative investigations. If during the preliminary investigation it is determined to be criminal, it will be turned over to the Campbell County Sheriff's Office. The auditor reviewed eight reported allegations and interviewed the PREA Coordinator, the Director, and the investigator from the Wyoming DOC who corroborated compliance with the standard and the facility's policies

115.222 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Reporting Procedures section which states in paragraph 2., "The Facility Director or designee must report any sexual misconduct to all regulatory and/or law enforcement agencies pursuant to contract, licensure, or statute. This shall be treated as a Priority I incident and shall follow the internal reporting procedures." Paragraph 3 states that "All reports must be documented on a VOA PREA Incident Report form. The report will be submitted to the PREA Coordinator or designee and will be logged for the purpose of Collection and Analysis in this policy and the PREA incident Reporting Instructions attachment for further details." The auditor reviewed the VOANR-Booth Hall Policy 902 posted on the website at <https://www.voanr.org/reporting/>.

115.222 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigations section which outlines paragraphs 7 through 18 outlines the responsibilities of both the agency and the investigating entity. The auditor interviewed the Director, the PREA Coordinator and the manager for the Wyoming DOC Investigative Services Unit who confirmed that criminal investigations are turned over to the Campbell County Sheriff's Office, that the facility refers all allegations for investigation, and that a trained investigator from the Wyoming DOC Investigative Services Unit completes administrative investigations. The auditor reviewed the Administrative Investigations section of VOANR-Booth Hall Policy 902

	<p>which states that if the Wyoming DOC or the Campbell County Sheriff's Department decline to investigate, an investigation will be assigned to VOA staff to complete the investigation. The auditor informed the Director that if the nature of the allegation meets the definition of sexual abuse, the allegation must be investigated by an administrative investigator who has received training in conducting such investigations in confinement settings according to standard 115.234. Her response was that all allegations are referred to WDOC for investigation. It is only referred back to them if does not meet the definition of sexual abuse. There were two examples of allegations of improper searches. The allegations and preliminary facts and videos were forwarded to WDOC for investigation, but referred back to the Director as they did not meet the definition of sexual abuse.</p> <p>115.222 (d): The auditor reviewed both the VOANR-Booth Hall Policy 902 and the Wyoming Department of Corrections Policy 3.009 Protection from Sexual Misconduct Against Offenders which are the policies that govern the conduct of sexual abuse investigations at this facility. The auditor determined compliance with this standard through a review of the policies, of the pre-audit questionnaire, and of investigative files. The auditor also confirmed these policies and procedures through interviews with the Director, PREA Coordinator, and the manager for the Wyoming Department of Corrections Investigative Services Unit.</p> <p>115.222 (e): The auditor interviewed the Director and the PREA Coordinator. There is no Department of Justice component responsible for administrative or criminal investigations of sexual abuse or sexual harassment at the Booth Hall. The auditor is not required to audit this provision.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of eight investigative reports, and through interviews with the Director and the PREA Coordinator manager for the Wyoming Department of Corrections Investigative Services Unit</p> <p>Any incident that is suspected of being criminal is referred to the Campbell County Sheriff's Department to conduct any criminal investigation. There were no allegations referred to Campbell County Sheriff's Department for criminal investigation.</p> <p>RECOMMENDATION: The auditor recommends that because VOA Booth Hall does not have PREA trained administrative investigators, the VOANR-Booth Hall Policy 902 Administrative Investigation section be revised to state that only after a review by the manager of the Wyoming DOC Investigative Services Unit has reviewed preliminary information and determined that the allegation does not meet the definition of sexual abuse will the case be declined and will VOA proceed with a Non-PREA related administrative investigation.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 902
3. PREA Employee training curriculum
4. Sample of five signed Staff PREA Training Verification forms

Interviews Conducted:

1. Director
2. 12 Random Staff

Findings by Provision:

115.231 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Training section which states “Staff members shall receive comprehensive training upon hire in the prohibition, identification, reporting and prevention of sexual assault/rape or sexual misconduct. The training shall meet all areas of PREANS 115.231.a).” The Booth Hall uses the curriculum provided by the National PREA Resource Center “PREA Employee Training” developed by the Moss Group. The auditor interviewed the Director and staff and reviewed the training curriculum. A review of the PREA training curriculum confirms that the training includes information on components required by the standard and outlined within their policy.

115.231 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Training section which states “PREA training shall be tailored to the gender of the residents at Booth Hall.” The auditor reviewed the PREA Training and found it to be general. The facility houses male and female residents, with the majority being male residents. Staff were able to state during the interviews the differences in supervising male vs. female residents. They reported there isn’t a lot of PREA allegations made between residents. A few stated that sexual abuse with male residents is more about power and manipulation while with the female residents it is more about developing romantic relationships.

115.231 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Training section which states, “Annual in-service training on sexual assault/rape or sexual misconduct will be conducted.” The auditor reviewed the training files and interviewed the Director and random staff. PREA training is provided for all new hires and then continues annually. During interviews, staff were knowledgeable in the required competencies and stated that they have PREA training every year that includes a basic refresher on the main PREA components with additional training components added each year to diversify the training and add topics that are relevant to that time and sometimes they have talks – in-person training on certain topics.

115.231 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Training section which states “All training shall be documented through staff/ volunteer/ intern/ contractor signature or electronic verification, employees will

	<p>document that they understand the training they received. Refresher training shall be documented through a signature of understanding as well.” The auditor interviewed the Director and staff and reviewed the training records. Staff are required to sign a statement of understanding for the training they have received.</p> <p>The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator and staff.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director <p>Findings by Provision:</p> <p>115.232 (a) - (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Training section which states “All volunteers, interns and contractors who have repeated contact with residents must be trained in their responsibilities under this policy and procedure. The level and type of training shall be based on the services they provide and the level of contact they have with residents, but all will be notified of the agency’s zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment and informed how to report such incidents. The facility shall maintain documentation confirming the volunteer/ intern/contractor understands the training Volunteers and contractors who do not have repeated contact with residents shall sign the Visitor’s Log which shall have a statement such as “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 such immediately to the PREA Coordinator, Facility Director or designee”.</p> <p>This facility has does not utilize volunteers or contractors. The Director stated if they are to be used in the future, they will be trained at a minimum in the facility’s zero-tolerance policy and how to report. If they have more continuous contact, they will get the same training that the full-time staff receive.</p>

115.233	Resident education
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	<div data-bbox="280 118 981 152" data-label="Text"><p>Auditor Overall Determination: Meets Standard</p></div> <div data-bbox="280 197 564 230" data-label="Section-Header"><p>Auditor Discussion</p></div> <div data-bbox="280 275 633 309" data-label="Section-Header"><p>Documents Reviewed:</p></div> <div data-bbox="280 315 1461 640" data-label="List-Group"><ul style="list-style-type: none">1. Pre-Audit Questionnaire2. PREA Policy 9023. Resident Training Documentation4. Resident Intake Packet to include the Resident Training form titled Sexual Harassment, Sexual Abuse and Assault Prevention and the DVS 3rd Party Reporting Form for reporting to the WY DOC Division of Victim Services5. Resident Handbook6. Posters posted throughout the facility</div> <div data-bbox="280 678 638 712" data-label="Section-Header"><p>Interviews Conducted:</p></div> <div data-bbox="280 719 611 880" data-label="List-Group"><ul style="list-style-type: none">1. Director2. PREA Coordinator3. Service Coordinator4. 20 random residents</div> <div data-bbox="280 918 633 952" data-label="Section-Header"><p>Findings by Provision:</p></div> <div data-bbox="280 958 1481 1872" data-label="Text"><p>115.233 (a) and (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Orientation Training section which states “Upon admission, all residents will receive an orientation that includes VOA’s zero-tolerance policy relating to sexual assault/rape or sexual misconduct and how to report it. This will also include information about sexual misconduct, including background information on PREA, prevention, intervention, self-protection, reporting, treatment and counseling and confidentiality. Training will occur via video presentation or through training curriculum approved by the Chief Operating Officer. This is in addition to the Resident handbook, brochures, orientation training, and posters located throughout the facility.” The auditor reviewed training information provided to the residents, requested staff go over the process with the auditor as there were no new intakes to observe, and discussed the information with the residents who were interviewed. The Booth Hall provides PREA information to a resident during the intake process. This information includes their zero-tolerance policy and how to report. During the initial intake process, the intake staff goes over the intake packet with them. The intake packet in addition to the zero tolerance policy outlines residential rules, their rights, and definitions,. The handbook also covers what a resident should do if they are retaliated against for reporting sexual abuse or sexual harassment. A video is shown to the residents soon following intake for more comprehensive information about PREA. The residents’ education was evident in the residents’ responses during the interviews. Staff and residents confirmed that all residents receive the information regardless of whether they were transferred from another facility.</p></div> <div data-bbox="280 1910 1481 2072" data-label="Text"><p>115.233 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Orientation Training section which 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</p></div>
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	<p>various orientations. VOA will provide translation services upon request. 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.” The auditor interviewed a resident that required special training accommodation. The Director stated that he was almost completely non-verbal with most staff. However, over time she has developed rapport with him, and she takes the time to personally go over information with him at a level that he is able to understand. There were no residents that needed interpretation services, but the auditor verified that this service is available to them. Staff stated they will read the material aloud to residents who may need assistance due to visual impairments, learning disabilities, literacy or comprehension problems, or other reasons that require staff to give them specialized training.</p> <p>115.233 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Orientation Training section which states “Residents will be required to sign an acknowledgment of having received this information. A copy of the acknowledgment will be maintained in the residents’ file.” The auditor requested a sample of 10 signed training.</p> <p>115.233 (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Orientation section which states “In addition to providing such education, the facility will ensure that information is continuously and readily available or visible to residents through posters, handbooks or other written formats” The auditor interviewed the staff and the residents and was advised that the resident keeps a copy of the handbook to have access to this information throughout their program. There are also posters throughout the facility so that there is readily available information that outlines how to report and how to contact external resources for both support and reporting. There are also materials within their intake packet that they keep to use later.</p> <p>The auditor verified compliance with this standard through a review of the resident training information and signed resident training documentation. The auditor also confirmed these policies and procedures through interviews with the Director, the staff, and residents.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire

	<p>2. PREA Policy 902</p> <p>3. Training certificates of Specialized Investigator Training</p> <p>Interviews Conducted:</p> <p>1. Director</p> <p>2. Administrative Investigator WY DOC</p> <p>Findings by Provision:</p> <p>115.234 (a) and (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigations section in paragraph 4 which states “As noted in this policy under “Specialized Training: Investigations”, the Director shall ensure proper training is provided to those who are permitted to perform investigations at the facility/ program. The PREA Coordinator shall maintain documentation that the investigators have completed the required specialized training in conducting sexual abuse investigations.”</p> <p>115.234 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Training section in paragraph 4. which states “All training shall be documented through staff/ volunteer/ intern/ contractor signature or electronic verification, employees will document that they understand the training they received. Refresher training shall be documented through a signature of understanding as well”.</p> <p>115.234 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigations section in paragraph 5. which states “Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.”</p> <p>The Director provided the auditor training certificates for courses attended by the Wyoming Department of Corrections Investigative Services Unit investigators. The courses attended were the Public Agency Training Council course “PREA Investigator Training for Allegations of Inmate Sexual Abuse, and the National Institute of Corrections course “PREA: Investigating Sexual Abuse in a Confinement Setting”. The auditor also confirmed investigative knowledge through an interview with the manager of the Wyoming Department of Corrections Investigative Services Unit who is also a trained investigator for the unit.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>1. Pre-Audit Questionnaire</p>

	<p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. Clinician <p>Findings by Provision:</p> <p>115.235 (a) through (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Training section states “Agency clinical practitioners who will work with facility residents will receive specialized training on: a. How to detect and assess signs of sexual abuse and harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and harassment; d. How and to whom to report allegations of sexual abuse/ harassment; and i. The agency shall maintain documentation that clinical practitioners have received the trainings referenced in this standard either by the agency or elsewhere.” The auditor received documentation from a mental health clinician who completed the National Institute of Corrections course “PREA: Behavioral Health Care for Sexual Assault Victims”. However, it is important to note that much of the mental health care services are provided to residents in the community.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Random sample of 19 initial PREA Risk Assessment 3. Random sample of 6 PREA Re-Assessments <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator 3. 12 Random staff 4. 20 Random residents 5. Staff who administers the assessments <p>Findings by Provision:</p> <p>115.241 (a), (b), (c) and (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states “Residents shall be assessed using the objective assessment instrument entitled the PREA Screener. VOA will use the Wyoming Department of Corrections screening form. VOA case managers or Clinical staff will complete the PREA Screener with the resident within 72 hours of arrival to the facility (whether new intake or a transfer) for potential vulnerabilities or tendencies with regards to sexually aggressive behavior. Housing assignments shall be made accordingly for any separation needs.” Residents identified as “high</p>

risk” shall be monitored, segregated, to the extent possible, if necessary, and counseled accordingly. For the purposes of this policy, “high risk” shall be defined as those residents with a history of sexually assaultive behavior. Residents identified as “at risk” for sexual victimization shall be monitored, segregated, to the extent possible, if necessary, and counseled.” The auditor interviewed the PREA Coordinator, a staff who administers the assessment, and residents, and reviewed sample assessments. Staff administer an assessment within 72 hours of intake. The screening is completed through the use of a form that includes all questions required of this standard. The assessment used by the Booth Hall is objective and leads to a presumptive determination of risk using a point system. Questions are weighted depending on the seriousness and correlation to a propensity to victimize or be victimized.

115.241 (d) and (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states “The intake screening shall consider, at a minimum, the following criteria to assess resident’s for risk of sexual victimization:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has been previously incarcerated;
- Prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse;
- Whether the resident’s criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization;
- The resident’s own perception of vulnerability;

The auditor reviewed sample assessments. The screening considers the criteria to assess residents for risk of sexual victimization as required by the standard. The auditor interviewed the Director, and a staff who administers the assessment to confirm that staff affirmatively ask directly if the resident openly defines their sexual orientation as other than heterosexual or document if they are perceived as such and if the resident expresses fear of being harmed.

115.241 (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states “Within a set period of time, not to exceed thirty (30) days from the resident’s arrival at the facility, the facility will reassess the resident’s risk of sexual victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening This shall be accomplished using a chart review, however if information is discovered that reveals the resident may be likely as a victim or abuser, a full re-assessment will be completed using the PREA Screener or the Wyoming Department of Corrections Risk Assessment form.” The auditor requested and received a sample of six

	<p>reassessments for verification that reassessments are completed within 30 days.</p> <p>115.241 (g): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states, “A resident’s risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.”</p> <p>115.241 (h): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states “Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions.”</p> <p>115.241 (i): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states “The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this section in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.” The auditor interviewed the PREA Coordinator, the Director and a staff who administers the assessment. The facility implements appropriate controls on the dissemination within the facility of responses to questions asked according to this standard to ensure that sensitive information is not exploited to the residents’ detriment by staff or other residents. Only the Director and the Case Managers have access to them. The staff who administers the assessment stated they conduct the screening in a quiet area away from others and maintain the files in a controlled manner. Documents stored electronically are stored in a secure drive that requires a password to access.</p> <p>The auditor verified compliance or non-compliance with this standard through a review of the scoring guide, a review of a sample of screening and re-screening documents, and interviews with staff and residents.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Random sample of 19 initial PREA Assessments 4. Resident Roster <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Director 3. Random staff

4. Random residents
5. Staff who administer the Assessments

Findings by Provision:

115.242 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states “If during the re-evaluation the resident’s initial screening results need to be modified, the case manager will complete the necessary section of the appropriate screening form.

The agency shall use information from the risk screening conducted pursuant to this section

to inform housing, bed, work, education, and program assignments with the goal of keeping

separate, or under direct supervision of staff, those residents at high risk of being sexually

victimized from those at high risk of being sexually abusive.” The auditor

interviewed the PREA Coordinator and the Director. They stated that the information from the risk screening is utilized to determine housing. They do not house victims with perpetrators. Residents work outside of the facility, but they keep a close eye on who is on smoke breaks together, etc. The PREA Coordinator stated that if the risk screening indicates a need to separate residents based on the information it is referred to the Director and she makes those decisions. The auditor reviewed resident risk screenings and resident housing assignments to ensure that residents with the potential for sexual perpetration are not housed with residents assessed to have the potential to be victimized.

115.242 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states “The agency shall make individualized determinations about how to ensure the safety of each resident.” The auditor interviewed the PREA Coordinator who stated that the screening helps to identify who their residents are that have special needs so that they can make special accommodation if they are needed and with always basing the decisions on what will keep them safe. All special housing accommodations are referred to the Director.

115.242 (c) - (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Transgender and Intersex Residents section which states In deciding where to assign a transgender or intersex resident, the facility shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether placement would present management or security problems. A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Furthermore, a resident may approach a Lead Mentor or designee and request staff to clear the showers to ensure privacy. Staff will clear the showers of other residents, then monitor the shower entrance to ensure privacy until the shower is complete. Individual room showers are available in all other rooms. VOA will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated

	<p>facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.” The auditor interviewed the PREA Coordinator who stated they have the conversation with them when they arrive. We ask their opinion as where they would feel safest housed – they interview all residents with those type of questions, and note the answers in the case notes. Everyone’s placement has to meet their needs and consider the impact on other residents. He also stated that they would provide shower accommodations. If the showers within the housing area do not work, there is a shower in the administration area that is private and that would be offered as an accommodation. They would develop a plan that worked with the individual and the other residents. The auditor interviewed the PREA Coordinator, the Director, and residents who identified as LGBTI and reviewed the housing roster to verify that housing decisions are not based on that identification.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA Policy, a review of screening documents and evaluating the resident roster with housing assignments and through interviews with the PREA Coordinator, the Director, staff, and residents.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Resident Handbook 4. Posters 5. Staff training documents 6. Resident training documents <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator 3. 12 Random staff 4. 20 Random residents <p>Findings by Provision:</p> <p>115.251 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Reporting Procedures section which states that “A resident may report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member, either verbally or in writing. A resident may correspond directly with the Division Director or Chief</p>

Operating Officer if desired.” The auditor interviewed staff and residents, reviewed policy, and toured the facility. The auditor interviewed residents who provided multiple ways that they could report internally. Almost all residents stated they would tell their staff that they trust or put in a written communication form to staff. Some said that they would use the envelope and form given in their intake packet or call the DOC phone number on the posters. Both from observations and through interviews with the residents it is apparent that most residents have a staff at the facility that they trust to do the right thing for them. The auditor interviewed the Director, the PREA Coordinator, and the staff and reviewed the training materials provided to the residents and the posters displayed throughout the facility.

115.251 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Reporting Procedures section which states that “The facility/program shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse or sexual harassment to agency officials, allowing the resident to remain anonymous on request. The residents are encouraged to utilize the Hotline number of 1-877-9-NOHARM. Or 307-737-6781.” The auditor reviewed the posters and the intake packet that is used to educate residents on the first day of arrival. The residents are informed they can call the Wyoming DOC number 1-877-9-NoHarm or they can send a form that is provided to them in their intake packet to the Wyoming Division of Victim Services. Residents placed by the Federal Bureau of Prisons are given a paper in their intake packet that provides the addresses to the National PREA Coordinator for the BOP and the BOP Office of Internal Affairs. The auditor called the DOC NoHarm number from the facility and left a message. The call was returned within two hours. The auditor also submitted a written test form to the Wyoming Division of Victim Services. They confirmed that that they would immediately report back to the administrator of the Booth Hall any reports of sexual abuse and sexual harassment and allow the resident to remain anonymous. The auditor viewed a few places to include the policy in which it just says the hotline number 1-877-9-NOHARM. The facility must always list the entity in which the number calls. In this example, the Wyoming Department of Corrections. The auditor recommends that the administrators read the Department of Justice interpretive guidance in the PREA Resource Center’s Frequently Asked Questions on Standard 115.51 (115.251) dated Feb 02, 202 which states that simply listing a hotline number does not satisfy the standard because it does not indicate that it is an external reporting entity. <https://www.prearesourcecenter.org/frequently-asked-questions>

115.251 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Reporting Procedures section which states that “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.” Staff accepts reports made verbally, in writing through grievances or notes to any staff, anonymously, and from third parties. The staff promptly documents any verbal reports. The auditor interviewed staff who stated that they would immediately report the incident to the Director. They would

	<p>document any verbal reports right away but definitely before the end of their shift. Staff stated that they can privately report sexual abuse and sexual harassment to either to the Director of the PREA Coordinator. The auditor interviewed the administrators and staff who stated that staff accepts reports any way that it is reported.</p> <p>115.251 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Reporting Procedures section which states that “Staff shall be able to privately report sexual abuse and sexual harassment of residents in writing to the PREA Coordinator, Division Director or Chief Operating Officer. Staff also have access to the Whistleblower Hotline, an anonymous hotline established to provide a vehicle for all employees to report alleged or perceived abuses, or suspected capricious or illegal acts committed by any VOA staff member. The Facility Director or designee must report any sexual misconduct to all regulatory and/or law enforcement agencies pursuant to contract, licensure, or statute.”</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy, a review of posters, the Resident Handbook, and training materials for both staff and residents, a test call placed to the Wyoming DOC, and through interviews with the Director, the PREA Coordinator, staff and residents.</p> <p>CORRECTIVE ACTION: The auditor required that the policy, resident training acknowledgment forms, and any other documents that list the 1-877-9-NOHARM telephone number be updated to state that the number belongs to the Wyoming Department of Corrections. The Resident Handbook states “Wyoming PREA Hotline”. It should state “Wyoming DOC PREA Hotline”. The Director provided updated resident handbook information, revised Policy 902, and resident training acknowledgment forms.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Resident Handbook 4. WY DOC Policy& Procedure #3.100 Inmate/Offender Communication and Grievance Procedure <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator <p>Findings by Provision:</p>

115.252 (a): Booth Hall allows the grievance procedure to be used to address resident grievances regarding sexual abuse. Those procedures are listed in subsequent paragraphs. The auditor interviewed the Director and the PREA Coordinator who stated that residents can file a grievance or administrative remedy regarding allegations of sexual abuse or sexual harassment. All allegations of sexual abuse or sexual harassment when received by staff, would immediately result in an administrative or criminal investigation. There were no allegations reported using the written grievance system.

The auditor reviewed the Resident Handbook which has a grievance section on page 28. It specifically says any grievance regarding an allegation of sexual abuse will follow the PREA grievance procedures that are outlined in the PREA section. The PREA Grievances section of the handbook is in compliance with the standards.

115.252 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Grievances section which states that "VOA shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable VOA shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired."

115.252 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Grievances section which states that "VOA shall 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, and such grievance is not referred to a staff member who is the subject of the complaint."

115.252 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Grievances section which states that "VOA shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. VOA may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. VOA shall notify the resident in writing of any such extension and provide a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level."

115.252 (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Grievances section which states that "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file

	<p>such requests on behalf of residents. If a third party, other than a parent or legal guardian, 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision."</p> <p>115.252 (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Grievances section which states that "After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, VOA shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."</p> <p>115.252 (g): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Grievances section which states that "VOA may discipline a resident for filing a grievance related to alleged sexual abuse only where VOA demonstrates that the resident filed the grievance in bad faith."</p> <p>The auditor reviewed the PREA policy and the resident handbook which outlines PREA grievance procedures that are compliant with the provisions in this standard. The auditor spoke with the Director, and the PREA Coordinator who described the process. If an emergency grievance is filed, the first response will be to make sure that the resident is safe by absolute separation of the resident from the threat. Sometimes that may mean keeping the resident with the staff until a safe alternative can be worked out. The Director will gather the details and will provide an initial response to the resident within 48 hours. A final response will be given to the resident within 5 days. These documents will also be forwarded to the PREA Coordinator. The auditor also reviewed the WY DOC Policy & Procedure #3.100 Inmate/Offender Communication and Grievance Procedure which may be applicable to residents who are placed within this facility by the WY DOC. The applicable section of the WY DOC Policy #3.100 is paragraph 3.i.t <i>Exceptions for Grievances Regarding Sexual Abuse</i> which follows the provisions of this standard.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 902
3. Resident Handbook
4. Materials listing Victim Support Services

Interviews Conducted:

1. Director
2. PREA Coordinator
3. 20 Random residents
4. Gillette Abuse Refuge Foundation

Findings by Provision:

115.253 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Access to Support Services section which states that "The VOA shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. VOA makes these contacts available through brochures and, through information provided in the Resident Handbook."

115.253 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Access to Support Services section which states that "VOA shall 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."

115.253 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Access to Support Services section which states that "VOA shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements."

The auditor reviewed the MOU that the Booth Hall entered into with the Gillette Abuse Refuge Foundation (GARF). The MOU outlines the services to provide an advocate, provide accompaniment and support through the forensic medical examination process and investigatory interviews, emotional support, crisis intervention, information and referrals. The auditor interviewed the Director, the PREA Coordinator, staff and residents. Both staff and residents stated that residents prefer to use their personal cell phones which are easier to use, provide for more privacy, they are free of charge with no monitoring. Both staff and residents stated that the facility phones are rarely used. The auditor performed a test call from the facility and reached the GARF. The auditor reviewed the resident handbook on page 23 which lists GARF as well as many other rape crisis hotline and mental health service agency contact information. The auditor also noted posters throughout the facility that had the GARF contact information.

	The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, the resident handbook, the posters throughout the facility, and the MOU with GARF, and through interviews with the Director, the PREA Coordinator, staff and residents.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Information on VOANR website <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator 3. Random staff 4. Random residents <p>Findings by Provision:</p> <p>115.254 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Access to Support Services section which states that “VOA shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Posters indicating the procedures are to be posted in all institutions where residents and visitors can see them. The auditor reviewed posters within the facility, the resident handbook and viewed the VOARN Booth Hall website at</p> <p>The auditor reviewed the website at https://old.voanr.org/booth-hall-reporting. The website provides information on how an individual can make a third-party report. Third parties can report sexual abuse and sexual harassment directly to the PREA Coordinator or the Director, or to the Wyoming DOC 1-877-9-NOHARM phone number. The auditor interviewed the Director who stated they received one third-party report via the Wyoming Department of Corrections. Interviews with staff and residents confirm that third-party reporting options are available.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of the website, by testing some of the third-party reporting options, and through interviews with the Director, the PREA Coordinator, and staff and residents.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 635 376">Documents Reviewed:</p> <ol data-bbox="279 383 654 461" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p data-bbox="279 495 639 528">Interviews Conducted:</p> <ol data-bbox="279 535 568 658" style="list-style-type: none"> 1. Director 2. PREA Coordinator 3. 12 Random Staff <p data-bbox="279 692 635 725">Findings by Provision:</p> <p data-bbox="279 732 1469 1352">115.261 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Reporting section which states that “All staff shall 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; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” The auditor interviewed the Director, the PREA Coordinator, and random staff who consistently stated that all Booth Hall staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. When an allegation of sexual abuse or sexual harassment are reported they are immediately turned over to the Director. The Director or the PREA Coordinator ensure that all allegations are turned over to the Wyoming Department of Corrections, the Bureau of Prisons and/or Campbell County Sheriff’s Office.</p> <p data-bbox="279 1391 1469 1675">115.261 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Reporting section which states that “Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.” Staff interviews confirmed that the information must be kept confidential and not shared with other coworkers or residents</p> <p data-bbox="279 1713 1469 2040">115.261 (c): The auditor spoke with the Director and staff regarding mandatory reporting laws. In Wyoming as per Wyoming statute § 35-20-103 Any person or agency who knows or has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, intimidated or abandoned or is committing self neglect shall report the information immediately to a law enforcement agency or the department. As all reports of sexual abuse are reported to the Department of Corrections and those that may be criminal are reported to the Campbell County Sheriff’s Office, Booth Hall is in compliance with this provision.</p>

	<p>115.261 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Reporting section which states that “At VOA, unless otherwise precluded by federal, state or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform the resident of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.” The Booth Hall has one clinician who is aware that he is required to report. The auditor interviewed the Director and the PREA Coordinator who stated that most of those services are provided to the residents in the community.</p> <p>115.261 (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff Reporting section which states that “VOA staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility director. VOA is not responsible for investigating allegations of sexual abuse. The VOA reports all investigations to the Department of Corrections, Bureau of Prisons, and/or the Sheriff’s Department, and will rely on these agencies to conduct these investigations but shall request that the investigating agency follow the requirements as outlined in §115.221 (a) through (e) of the standards. VOA shall ensure that allegations of sexual abuse or sexual harassment are referred to The Wyoming Department of Corrections Investigative Unit, or the Campbell County sheriff’s Office to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document all such referrals. The auditor interviewed the Director and random staff who stated that all reports, regardless of where they are from, are reported to Director and the PREA Coordinator.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the Wyoming mandatory reporting laws and through interviews with the administrative staff, and random staff.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. Senior Vice President 3. 12 Random staff <p>Findings by Provision:</p> <p>115.262 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Resident Assessment section which states that “When the facility/program learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take</p>

	<p>immediate action to protect the resident. Facility leadership will immediately assess and report the situation to determine action steps to ensure resident safety.” The auditor interviewed the Director who stated that her expectation is that staff will first immediately remove the threat, if identifiable. However, second to that is to keep the resident with them until a safe situation can be determined. The Director stated that they will explore other housing options, to include another facility for the person making the threat. If that is not possible, then at least move them right away to separate rooms, and ensure that they communicate with residential staff who are supervising the residents so that they know there are issues between the two and they need to be watchful. During interviews with staff they also responded that they would ensure they were immediately separated and for staff to be vigilant in their supervision. The Senior Vice President stated that he expects each and every one to be taken seriously and to immediately report it to the on-call so that housing decisions can be made.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Director, and random staff.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 3. Senior Vice President <p>Findings by Provision:</p> <p>115.263 (a) - (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Reporting to Other Confinement Facilities section which states that “Upon receiving an allegation that a resident was sexually abused while confined at another facility/ program, the Director shall notify the head of the facility or appropriate official of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. VOA shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with this policy.” The auditor reviewed policy and interviewed the Director and the Senior Vice President. If there is an allegation that a resident was sexually abused while confined at another facility, the Director notifies the head of the facility or appropriate office of the agency where the alleged</p>

	<p>abuse occurred. If such an allegation is received by them from another facility, an investigation will be initiated immediately. Both notifying other agencies and receiving notifications are documented. The auditor also interviewed the Director and the Vice President who stated that they share this information between the two of them. There have been no incidents reported regarding sexual abuse that occurred at another facility. There have been no incidents reported to the Booth Hall administrators by other facilities.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Director and the Senior Vice President.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. 12 Random staff <p>Findings by Provision:</p> <p>115.264 (a) - (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff First Responder duties section which states that Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify appropriate leadership. The first operations staff to respond to the report shall be required to:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser, if they have not already been separated; • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; • If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and • If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any

	<p>actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.”</p> <p>The auditor interviewed staff who were aware of their first responder duties and could articulate how to implement proper procedures. Staff stated they would first separate the alleged victim and the alleged abuser. The alleged victim would be taken to a more private area. They would encourage the alleged victim to protect any evidence by not washing, brushing teeth, changing clothes, using the restroom, drinking or eating until the physical evidence can be collected by the SANE. They would remove the alleged abuser and again, not allow them to wash, brush teeth, change clothes, use the restroom, drink or eat until the physical evidence can be collected by the SANE. The staff would secure and protect any physical area where there may be evidence to be collected. They will determine if the situation requires immediate involvement of law enforcement or medical personnel and also notify the supervisor or the on-call supervisor. If immediate medical attention is needed they would call an ambulance or arrange to take them to the hospital to provide immediate medical care. There have been no instances where the first responder response has been used during this auditing period.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. PREA Flow Chart <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. 2 Random staff <p>Findings by Provision:</p> <p>115.265 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Staff First Responder duties section which states that “The agency shall develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. VOA shall review this plan and revise it to ensure it is specific to the facility, noting outside agencies for investigative bodies and support.” The auditor interviewed the Director, and random staff, and reviewed the PREA Flow Chart. All those interviewed described the duties of the first responder as stated in the previous standard, notifying the supervisor or on-call management and that on-</p>

	<p>all would coordinate with law enforcement and advocacy services. Staff identified during interviews a good, coordinated response effort. The Director stated that all supervisory on-call staff are aware of the need to make a victim services advocate from GARF available and coordinating with law enforcement to ensure that a forensic examination is conducted by a SANE at Campbell County Memorial Hospital. All interviews corresponded to the outline in the PREA policy and the PREA Flow Chart.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the PREA Flow Chart, and through interviews with the Director, and staff.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>1. Pre-Audit Questionnaire</p> <p>Interviews Conducted:</p> <p>1. Senior Vice President</p> <p>Findings by Provision:</p> <p>115.266 (a) and (b): The auditor interviewed the Senior Vice President who stated that staff will remove alleged staff sexual abusers from contact with residents pending the outcome of the investigation and employees are not part of any collective bargaining agreement that prohibits this.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and an interview with the Senior Vice President</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>1. Pre-Audit Questionnaire</p> <p>2. PREA Policy 902</p> <p>Interviews Conducted:</p>

1. Senior Vice President
2. Director

Findings by Provision:

115.267 (a) and (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Protection Against Retaliation section which states that “VOA will 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. VOA PREA Coordinator/Training Officer has been designated as the staff responsible for monitoring possible retaliation. Multiple protection measures shall be employed, 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. The auditor interviewed the Director who has been designated as the staff member charged with monitoring for possible retaliation. Both the Senior Vice President and the Director stated the most important protective measure is to separate the victim from the perpetrator. If the perpetrator of the abuse is a staff, they would reassign their post and if perpetrator of the abuse is a resident they would make a housing change so that there is no contact.

115.267 (c) and (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Protection Against Retaliation section which states that “Within 72 hours of a report, the PREA Coordinator shall meet directly with the resident and document such. This will occur every 15 days after the initial meeting; for at least 90 days. The PREA Coordinator will monitor the conduct of all residents and staff who report sexual abuse or sexual harassment, have suffered the alleged sexual abuse reported, and/or have cooperated with sexual abuse or sexual harassment investigations to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Each time monitoring for retaliation occurs, the PREA Coordinator shall meet with the individual being monitored and discuss whether or not they fear being retaliated against for reporting the incident, being the alleged victim, or for cooperating with the investigation. This monitoring is only necessary if the individual involved is still in the facility. In the event that the individual being monitored leaves the facility and then returns within 90 days of the incident being reported, monitoring for retaliation must be conducted as if the individual never left the facility. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.”

The auditor interviewed the Senior Vice President/PREA Coordinator who stated that the Director is now tasked with monitoring for retaliation even though the policy says PREA Coordinator. The auditor interviewed the Director who stated that she has just been monitoring for issues, not proactively looking for issues and documenting her actions. She would specifically check in with the resident to see how he/she is doing but would only document if there were issues noted and there have been no retaliation issues. The auditor was provided with no written documentation of Booth Hall’s monitoring efforts. The Director stated that she will

	<p>monitor for 90 days but often the residents are not here that long, but they will monitor for as long as is necessary with a minimum time of 90 days.</p> <p>115.267 (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Protection Against Retaliation section which states that “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.”</p> <p>115.267 (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Protection Against Retaliation section which states that “The obligation to monitor shall terminate if the Division Director or designee determines that the allegation is unfounded.</p> <p>CORRECTIVE ACTION: The auditor required documentation that lists specific methods in which the Director actively monitors for retaliation including when she conducts a check-in (periodic status check) with an individual and what they said, and actively documents if there were any disciplinary reports, housing changes, negative performance reviews, reassignments of staff, et cetera, or if there were none of these actions noted. There were no investigations over the corrective action period for the auditor to oversee the Director’s monitoring for retaliation efforts. However, the auditor provided a few scenarios, and the Director completed documentation of monitoring for retaliation based on these scenarios.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Investigative Reports 4. Administrative Investigator training certificates <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator 3. Administrative Investigator <p>Findings by Provision:</p> <p>115.271 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “VOA is not responsible for investigating allegations of sexual abuse. The VOA report all investigations to Department of Corrections, Bureau of Prisons, and/or the Sheriff’s Department, and will rely on these agencies to conduct these investigations but shall request that the investigating agency follow the requirements as outlined in</p>

§115.221 (a) through (e) of the standards. The auditor interviewed the manager of the Wyoming Department of Corrections Investigative Services Unit who stated that he has to respond to Priority 1 reports within 2 hours. Other reports have to begin with 3 days, but generally they are started within 24 hours. Typically, as soon as he receives the report from the Director, he assigns the investigation to an investigator.

115.271 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigations section in paragraph 4 which states “As noted in this policy under “Specialized Training: Investigations”, the Director shall ensure proper training is provided to those who are permitted to perform investigations at the facility/ program. The PREA Coordinator shall maintain documentation that the investigators have completed the required specialized training in conducting sexual abuse investigations.” The auditor reviewed their specialized training certificates which showed that the investigators from the Wyoming DOC Investigative Services Unit completed specialized investigator training from the Public Agency Training Council course “PREA Investigator Training for Allegations of Inmate Sexual Abuse, and the National Institute of Corrections course “PREA: Investigating Sexual Abuse in a Confinement Setting”.

115.271 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “External Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.” The auditor interviewed an administrative investigator who stated that during an investigation some types of evidence items that may have direct DNA from bodily fluids, video, witness statements that have direct knowledge. The evidence would be very dependent on the circumstances. If there were a forensic examination by a SANE, then there might be physical and DNA evidence.

115.271 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”

The auditor interviewed an administrative investigator who stated that they do not compelled interviews.

115.271 (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a

polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

The auditor interviewed an investigator who stated that he has seen staff lie and residents like. He looks to see where the facts lead them. He always starts with the belief that it could be true and don’t take it as false until there is evidence to support that. They do not use polygraphs for victims The auditor reviewed investigative reports that contained statements that supported the credibility of the people interviewed.

115.271 (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

The investigator stated that any staff deficiencies will be looked at during the normal findings process. If they become aware of them, they will put them in the findings section of the report and the Director will be made aware of them.

115.271 (g): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.”

The auditor interviewed the Director who stated that they will request criminal investigative reports from the Campbell County Sheriff’s Office.

115.271 (h): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.” The Director and the Administrative investigator from the Wyoming Department of Corrections both stated that all criminal allegations are referred for prosecution. They have had no cases at this facility that were referred for prosecution.

115.271 (i): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “The facility/program shall retain all written reports regarding the investigation for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”

115.271 (j): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.” The Administrative Investigator stated that investigations are completed regardless of employee status or resident custody status.

	<p>115.271 (k): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.” The Administrative Investigator stated they follow all PREA requirements.</p> <p>115.271 (l): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”</p> <p>The PREA Coordinator stated that the Major for the Wyoming Department of Corrections Investigative Services Unit keeps them informed of the progress of their investigations. There have been no cases in which the Campbell County Sheriff’s Department investigated, but both the Director and the Administrative Investigator stated that they would collaborate with them and follow up.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative reports, a review of specialized investigator training, and through interviews with the Director, the PREA Coordinator and an administrative investigator.</p> <p>RECOMMENDATION: The auditor recommends that the investigative reports are more clearly identified with the outcomes as in the description of the standard for Substantiated, Unsubstantiated, and Unfounded.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Eight Investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Administrative Investigator <p>Findings by Provision:</p> <p>115.272 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Investigation section which states that “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The auditor interviewed the investigator and reviewed investigative files and was satisfied that this facility uses no standard higher than a</p>

	<p>preponderance of the evidence. Hehe stated that they use a preponderance of evidence which means that more than 50% believe by through the evidence that the incident occurred.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the administrative</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Investigative Files <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director <p>Findings by Provision:</p> <p>115.273 (a) - (d) The auditor interviewed the Director regarding notifying the outcome of an investigation to a resident who has made an allegation of sexual abuse. She stated that sometimes they are released from the program by the time the investigation is complete. Typically, they will try to make a phone call and document if they make contact. The auditor informed her that the obligation to report under this standard is terminated if the resident is released from the agency's custody. The auditor was not provided with documentation of notice to residents as to the outcome of the investigation.</p> <p>CORRECTIVE ACTION: The auditor required documentation of notifying the outcome of an investigation to a resident who has made an allegation of sexual abuse for any sexual abuse investigations that are completed over the corrective action period. There were no investigations over the corrective action period for the auditor to oversee the Director's notification to residents However, the auditor provided a few scenarios, and the Director completed documentation of notifying the outcome of an investigation to a resident based on these scenarios.</p>

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 902
3. Investigative reports
4. Email of action taken at another facility

Interviews Conducted:

1. Assistant Director/PREA Coordinator

Findings by Provision:

115.276 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Sanctions section which states that "Sexual Misconduct is Prohibited and Will Be Sanctioned. Sexual misconduct, either resident-on-resident or staff-on-resident, is prohibited regardless of whether either or both of the participants believed the act was consensual. Violators are subject to administrative discipline, criminal sanctions, or both. All allegations of staff sexual misconduct with residents will be investigated and all substantiated cases shall be turned over to the local Campbell County Attorney's Office for possible criminal prosecution.

115.276 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Sanctions section which states that "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Additionally, staff may be subject to criminal sanctions.

115.276 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Sanctions section which states that "Disciplinary sanctions for violations of VOA policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

115.276 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Sanctions section which states that "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of VOA's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The auditor interviewed the Director and the PREA Coordinator who stated that allegations against staff are investigated. The auditor reviewed investigative files regarding allegations against staff. The investigations were appropriately investigated. Documentation shows that the staff are typically put on administrative leave during the investigation and that termination is typically followed. In several cases termination was not a result of a PREA allegation, but of other inappropriate actions by the staff. The cases did not warrant criminal charges.

	The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative reports to include staff-involved allegations, and through an interview with the Director.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director <p>Findings by Provision: 115.277 (a) and (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Corrective Action for Contractors and Volunteers section which states that “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The auditor interviewed the Director who stated that there are no contractors or volunteers working at the facility. If there are any time in the future, they will be subject to the corrective actions as outlined in the policy. The Director stated that they would immediately prohibit further contact, and if serious, end their service and if criminal, contact law enforcement to see prosecution.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through an interview with the Director.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. PREA Policy 902
3. Resident handbook

Interviews Conducted:

1. Director

Findings by Provision:

115.278 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Disciplinary Sanctions for Residents section which states that "Residents are subject to sanctions under the administrative Prohibited Acts for the Federal Bureau of Prisons or the Code of Conduct for the Wyoming Department of Corrections. Additionally, residents may be subject to criminal sanctions. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."

The auditor interviewed the Director who stated that they would follow their disciplinary process, and the discipline depends on the seriousness of the allegation. Some examples are holds to dorm where they are not allowed to leave the building, loss of privileges, level extensions which would require more time in the program, and for more serious allegations, termination from the program, GPS tracking, or removed to jail.

115.278 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Disciplinary Sanctions for Residents section which states that "Sanctions shall be 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."

115.278 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Disciplinary Sanctions for Residents section which states that "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

The auditor interviewed the Director who stated that this would always be considered.

115.278 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Disciplinary Sanctions for Residents section which states that "VOA offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, VOA shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits."

115.278 (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Disciplinary Sanctions for Residents section which states that "VOA may discipline a resident for contact with staff only upon a finding that the staff member did not consent to such contact."

	<p>The auditor interviewed the Director who stated there have been no incidents of this type at the facility.</p> <p>115.278 (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Disciplinary Sanctions for Residents section which states that “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”</p> <p>115.278 (g): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Sanctions section which states that “VOA prohibits all sexual activity between residents and may discipline residents for such activity. However, sexual activity between residents may not be deemed to constitute sexual abuse for the purposes of this policy and reporting of sustained PREA sexual abuse incidents if it is determined that the activity was not coerced.</p> <p>The auditor interviewed the Director who stated that they investigate every incident to ensure that there was no coercion. The auditor reviewed the resident handbook which says that contact and or sexual acts between residents are prohibited. The auditor interviewed the Director who confirmed this.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, review of the resident handbook on discipline, and a review of investigative files, and through interviews with the Director.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director <p>Findings by Provision:</p> <p>115.282 (a) and (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment. Where available, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, operations staff first</p>

	<p>responders shall take the preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Staff member victims will be immediately transported to a local medical facility for necessary medical care and the collection of evidence.</p> <p>The auditor interviewed the Director who stated that they have no full or part-time medical staff. They have one mental health clinician, but that mental health services are often provided to residents within the community. Staff are trained to call 911 or transport to the nearest medical facility for emergency medical treatment and crisis intervention services.</p> <p>115.282 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”</p> <p>115.282 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>The auditor reviewed the PREA policy and interviewed the Director. All medical responses are met by taking the resident to the County Campbell Memorial Hospital for emergency medical and mental health services and the professional judgement of health care providers at that facility would be followed. The Director confirmed that the resident would not be responsible for the payment of these services.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Director.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p>

	<p>115.283 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “VOA shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail or lockup.”</p> <p>115.283 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “The evaluation and treatment of such victims shall 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.”</p> <p>115.283 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”</p> <p>115.283 (d) and (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.283 (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”</p> <p>115.283 (g): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Treatment for Victims section which states that “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>Booth Hall policy requires that ongoing medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The Director verified that these services would be provided to the resident through community providers and in some instances mental health services through VOA clinicians. The Director would follow up to ensure that follow-up services recommended by the providers would be continued. These services have not been required at the facility.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 902
3. Incident Review form
4. Investigative reports

Interviews Conducted:

1. Director

Findings by Provision:

115.286 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Incident Reviews section which states that “VOA shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation (whether conducted by an external agency or trained internal staff), including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.”

115.286 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Incident Reviews section which states that “Such review shall normally occur within thirty (30) days of the conclusion of the investigation.”

115.286 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Incident Reviews section which states that “The review team shall include Chief Operating Officer, Facility Director, Program Manager, and PREA Coordinator, with input from line supervisors, investigators, and medical or mental health practitioners.

115.286 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Incident Reviews section which states that “The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made above in this section, and any recommendations for improvement and submit such report to the Facility Director, facility PREA Coordinator and the Chief Operating Officer.

115.286 (e): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Incident Reviews section which states that “VOA shall implement the recommendations for improvement”

	<p>The auditor reviewed the sample documentation from three sexual abuse incident reviews.</p> <p>The VOA uses the policy to guide what needs to be reviewed. The auditor recommends that the form has boxes to trigger discussion on the each of the discussion components required by the standard (change policy or practice, motivation, physical barriers, staffing levels, monitoring technology, recommendations for improvement), and then fill in the required explanatory section with discussion so that it is not a “check the box” form. The document currently used does include many good discussion points and changes that may be needed in policy or practice, further training, et cetera. The managers documented meaningful discussion on the incident review form related to the specifics of those sexual abuse incidents.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Director.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 902 3. Investigative files 4. 2023 Annual Report 5. Aggregate data for 2022, 2023, 2024 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Assistant Director/PREA Coordinator <p>Findings by Provision:</p> <p>115.287 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Collection section which states that “There shall be a system in place to collect data on incidents of a sexual nature. Such data will be analyzed to determine possible corrective action or improved operations. Upon the report of a PREA incident, the designated facility PREA Coordinator will initiate a PREA Incident Report. The facility PREA Coordinator shall submit this form to the VOA Division Director or designee as soon as possible after an incident occurs and again once the investigation is finalized. A final report will be created and forwarded to the Chief Operating Officer. The PREA Coordinator shall maintain logs and records of all allegations and investigations of sexual misconduct to include information on the outcome of any criminal or disciplinary charges. All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings and recommendations for</p>

	<p>post-release treatment and/or counseling shall be retained in accordance with the contract agency requirements.</p> <p>115.287 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Collection section which states that “The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.”</p> <p>115.287 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Collection section which states that “The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.287 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Collection section which states that “The PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p>115.287 (e): The auditor interviewed the Director who stated that they do not contract for the confinement of residents in other facilities.</p> <p>115.287 (f): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Collection section which states that “It will be the duty of the PREA Coordinator to collect all necessary reports and information from completed investigations on sexual assaults and misconduct required by the U.S. Department of Justice, Bureau of Justice Statistics (BJS). The PREA Coordinator will report to the BJS on a yearly basis. The report shall include the specifications of the Survey on Sexual Violence required under PREA for BJS. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Aggregate annual data was provided to the auditor. The auditor interviewed the Director and reviewed the aggregate data. The facility collects uniform data for all allegations of sexual abuse based on a review of investigative reports. The aggregated data is included in their annual reports. However, the annual reports only contain the outcomes of investigations of Substantiated and Unsubstantiated. There is no category outcome of Unfounded. The VOANR Booth Hall does not contract for the confinement of their residents.</p> <p>CORRECTIVE ACTION: The auditor required that the 2023 PREA Annual Report be corrected to include the number of investigations that have been completed with an outcome of Unfounded. If there were none, then the categories should still be in the report with a “0” in that column. The Director provided an updated annual report with the number of "Unfounded" investigations included. The auditor verified on their website that the corrected 2023 Annual Report has been posted.</p>
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115.288	Data review for corrective action
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy 902
3. Annual report with aggregate data

Interviews Conducted:

1. Senior Vice President/PREA Coordinator
2. Director

Findings by Provision:

115.288 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Review section which states that “The PREA Coordinator shall review data collected and aggregated pursuant to, 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;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility/program, as well as the company as a whole.

115.288 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Review section which states that “Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.”

115.288 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Review section which states that “The report shall be approved by Executive Leadership and make readily available to the public through its Web site.”

115.288 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Review section which states that “VOA may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.”

The auditor interviewed the Director and Senior Vice President/PREA Coordinator and reviewed the annual reports. Booth Hall’s review and annual report are aimed at assessing and improving the effectiveness of their sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis. Their annual report is posted on their website at <https://www.voanr.org/reporting/>.

	The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the aggregate data within the annual report posted on the website, and through interviews with the Director and the PREA Coordinator.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 920 3. Annual report with aggregate data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.289 (a): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Storage, Publication, and Destruction section which states that “VOA shall ensure that data collected is securely retained.”</p> <p>115.289 (b): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Storage, Publication, and Destruction section which states that “VOA shall make all aggregated sexual abuse data readily available to the public at least annually through its Web site.”</p> <p>115.289 (c): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Storage, Publication, and Destruction section which states that “Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.”</p> <p>115.289 (d): The auditor reviewed the VOANR-Booth Hall Policy 902 in the Data Storage, Publication, and Destruction section which states that “VOA shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.”</p> <p>The auditor interviewed the Director and the PREA Coordinator. The auditor reviewed the aggregate data posted on the website. The facility does not contract for the confinement of its residents with any facility. The PREA policy addresses data storage, publication, and destruction requirements. Information is maintained locked within the PREA Coordinator’s or the Director’s office or stored electronically on a secure drive that is password protected with limited access. Data collected is retained for at least ten (10) years. The Booth Hall does not include any identifiable personal information within their report that would need to be redacted.</p>

	The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the annual report with the aggregate data through interviews with the Director and the PREA Coordinator.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Booth Hall 2019 PREA Audit 3. The Booth Hall 2022 PREA Audit 4. The VOANR website of previous audits <p>Findings by Provision:</p> <p>115.401 (a) and (b): This is the only confinement facility operated by VOANR. The facility was initially audited on January 30 and 31, 2019. The second audit was conducted on January 6 and 7, 2022. The facility has consistently been audited every three years since January 2019.</p> <p>115.401 (h): The auditor had complete access and observed operations in every area of the facility. The auditor conducted a tour of the facility on the first day which included every area of the facility to include administrative areas, intake area, control desks, all housing areas, storage areas, food service areas, laundry, restroom and shower, and maintenance areas.</p> <p>115.401 (i): The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor requested many documents throughout the audit process. The Booth Hall provided numerous copies of documents to include policies, resident screenings, resident handbook, human resource documentation, forms, and investigative files.</p> <p>115.401 (m): The auditor conducted private interviews with residents in staff in a conference room that was provided for this purpose. The Booth Hall staff were very cooperative throughout the audit process.</p> <p>115.401 (n): The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received one letter.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of previous PREA Audits, a very thorough tour, and a review of numerous documents.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: 1. Pre-Audit Questionnaire</p> <p>Findings by Provision: 115.403 (f): This is the third audit for Booth Hall. Their last PREA audit was conducted January 6 and 7, 2022. Their first PREA audit was conducted on January 30 and 31, 2019. Both reports are published on the VOANR website at https://www.voanr.org/reporting/. The auditor determined compliance through a review of the pre-audit questionnaire and a review of the VOANR website.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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	na

	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.)	
	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.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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 the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
	If the 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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
115.217	Hiring and promotion decisions	

(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
	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?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	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.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency 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?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	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
	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
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
	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
	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

	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
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	Resident reporting	

	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	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.	no
115.252 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	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
	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
115.252 (d)	Exhaustion of administrative remedies	
	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
	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 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
	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
115.252 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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
115.252 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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

115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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
	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
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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

	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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).)	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).)	na
115.271 (b)	Criminal and administrative agency investigations	
	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
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
	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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	Reporting to residents	
	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
	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
	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
	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
115.273 (d)	Reporting to residents	
	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
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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
	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
	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

115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes