

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report June 20 2021

Auditor Information

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Company Name: <small>Click or tap here to enter text.</small>	
Mailing Address: PO Box 3162	City, State, Zip: Parker, CO 80134
Telephone: 303-909-4397	Date of Facility Visit: February 16-18, 2021

Agency Information

Name of Agency: Donald W Wyatt Detention Facility		Governing Authority or Parent Agency (If Applicable): Central Falls Detention Facility Corporation	
Physical Address: 950 High Street		City, State, Zip: Central Falls, RI 02863	
Mailing Address: same		City, State, Zip: <small>Click or tap here to enter text.</small>	
Telephone: 401-729-1190		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The primary mission is to protect the public from people who pose a threat to society. The mission is accomplished by operating a safe, secure and humane facility in compliance with state and federal law.

Agency Website with PREA Information: www.wyattdetention.com

Agency Chief Executive Officer

Name: Daniel Martin	Title: Warden
Email: dmartin@wyattdetention.com	Telephone: 401-721-0323

Agency-Wide PREA Coordinator

Name: David Dalpe	Title: Captain
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Email: ddalpe@wyattdetention.com	Telephone: 401-721-0381
PREA Coordinator Reports to: Daniel Martin, Warden	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Donald W. Wyatt Detention Facility			
Physical Address: 950 High Street Central Falls, RI 02863			
Mailing Address (if different than above): Same			
Telephone Number: Click or tap here to enter text.			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission: The primary mission is to protect the public from people who pose a threat to society. The mission is accomplished by operating a safe, secure and humane facility in compliance with state and federal law. Our employees are highly trained professionals and will uphold ethically sound behavior at all times.

Facility Website with PREA Information: www.wyattdetention.com

Warden/Superintendent

Name: Daniel Martin	Title: Warden
Email: dmartin@wyattdetention.com	Telephone: 401-721-0323

Facility PREA Compliance Manager

Name: David Dalpe	Title: Captain
Email: ddalpe@wyattdetention.com	Telephone: 401-721-0381

Facility Health Service Administrator

Name: Ronald LaBonte	Title: Health Service Administrator
Email: rlabonte@wyattdetention.com	Telephone: 401-721-0355

Facility Characteristics

Designated Facility Capacity: 770	Current Population of Facility: 554
Number of inmates admitted to facility during the past 12 months	640

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1,464
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1,430
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		833
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18 through 73
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0
Average length of stay or time under supervision: 0		108
Facility security level/inmate custody levels:		Maximum
Number of staff currently employed by the facility who may have contact with inmates:		205
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		84
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 13
Number of Multiple Occupancy Cell Housing Units:		11
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		24
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>There are cameras located throughout the facility which was last upgraded in spring of 2018. The upgrade included 292 high-definition cameras which can be at 180 degrees or even 360 degrees for better viewing angles. Recordings for these cameras are stored for 90 days. The cameras are monitored continuously in the Master control center and shift commander office. There are other locations which can view of the cameras, but they are not monitored continuously. Camera placement is utilized to maximize the view of housing units, hallways, waiting areas and program areas of the facility. Body cameras are being tested and it is expected these will be added to the facilities video monitoring technology. A body scanner has recently been installed in the receiving/discharge unit. While it was not functional during the onsite phase of the audit, it is expected to reduce the number of strip searches completed. The scanner will be used when inmates are brought into the facility, when they leave the facility for day trips to medical appointment or court appearance.</p>		
Medical		
Type of Medical Facility: Clinic		Employees
Forensic sexual assault medical exams are conducted at:		Rhode Island Hospital
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		0

Audit Findings

Audit Narrative

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

Donald W Wyatt Detention Facility was established in 1993 as publicly owned and privately operated adult correctional facility. It is currently operated by Central Falls Detention Facility Corporation (CFDFC). CFDFC is a special quasi-public detention facility utilized by United State Marshal Service in the Northeast and later extended to include Immigration and Custom Enforcement agency. The facility also has United States Naval personnel who have been placed in the custody of the General Court-Martial Convening Authority.

Donald W Wyatt Detention Facility is located 950 High Street, Central Falls Rhode Island. It is accessible from High Street by car or public transportation. The facility operates as a maximum-security male and female detention facility utilizing a high-tech design. In 2006, an expansion was completed increasing the maximum occupancy from 340 to the current capacity of 767.

Pre-Audit Phase

The audit was conducted by Joan Shoemaker, USDOJ certified PREA auditor. The Pre-audit phase began in October with the facility completing the Pre-audit questionnaire. All policies were contained on the flash drive which also included documentation supporting standards and provisions. The audit process was delayed related to the COVID pandemic. It was first scheduled for November 30 through December 2, 2020; however, travel was difficult, and the facility had an outbreak. The onsite audit was conducted on February 16 – 18, 2021.

PREA audit notices were posted throughout the facility prior to the original dates for the audit. When the audit dates were changed, new notices were posted in the facility. Notices were posted in each housing unit, visiting room, lobby, food service, laundry and medical. There were also notices posted in staff area such as the break room. Prior to the onsite audit, one letter was received by mail.

Onsite Audit Phase

The audit was conducted on February 16-18, 2021, starting with an in-brief with management staff. At the beginning of the audit, there were 564 inmates in the facility. The breakdown of inmates was: 507 US Marshal Service, 46 ICE, 10 BOP inmates and one was General Court-Martial Convening Authority. Seventeen of the 564 were women. The total hours spend in the facility during the audit was twenty-six (26) hours; February 16 was nine and one half (9.5) hours, February 17 was eleven (11) hours and February 18 was 5.5 hours.

During the initial meeting, the auditor was provided the following: Roster of all inmates present including their housing assignment, and Roster of specialized categories of inmates. Names for interviews were selected assuring at least one inmate from every housing unit was selected. All inmates were interviewed utilizing the random interview protocol. In addition, the following targeted interviews were conducted.

- Inmates with physical disabilities – 2
- Inmates who are LEP – 4
- Inmates with a cognitive disability – 2
- Inmates who identify as Lesbian, Gay or Bisexual – 1

- Inmates who identify as Transgender or Intersex – 1
- Inmates who reported Sexual Abuse – 3
- Inmates who reported Sexual Victimization during risk Screening – 3

Thirty inmates were interviewed both women and men. There were pre-trial, US Marshal and ICE inmates. Most had positive comments about the facility and staff. They believed staff would respond if something was happening and a high percentage expressed, they would be comfortable talking to staff about inappropriate situations were occurring.

During the audit, numerous staff were interviewed. Staff were knowledgeable, motivated and highly informative. All random and specialized staff interview protocols were used during the interviews. There were no line staff who supervise youthful inmates, nor education and program staff who work with youthful inmates as the facility does not house youthful inmates. There were 25 staff interviews conducted to include the following specialized staff.

- Agency Head
- PREA Coordinator
- Facility Shift Commanders
- Medical and Mental Health
- Incident Review Team Member
- Staff who perform screening for risk of victimization and abusiveness
- Intake Staff
- Human Resources
- Segregated Housing Staff
- Person responsible for monitoring retaliation
- Higher Level Supervisor responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment.
- First Responders; security and non-security
- Classification Manager
- Investigative Staff

After the in-brief, a thorough site review was conducted of the facility. The PREA Coordinator, Compliance Assistant accompanied the auditor on the tour. Throughout the tour, facility staff joined in their areas. The tour included all housing units, kitchen, laundry, recreation yards, visiting, receiving and discharge, medical, central control, shift commander office and maintenance. During the tour, the auditor had full access to talk with staff and inmates. This allowed for several impromptu questions, observation of bulletin board and other signage particularly those regarding the ability for inmates to report sexual abuse and sexual harassment. Observation of surveillance cameras and monitors were included as part of the tour.

During the tour, each housing unit has kiosks located in the dayroom areas. The kiosks have features that allow inmates to request appointments, file grievances, order commissary. The request for appointments is for all management staff to include the warden. Additionally, the facility has added tablets that the inmates share within their cells. The tablets have information such as the PREA video and include free information and books as well as a paid side that has movies. Interviews consistently confirmed the warden and management team make routine rounds in all housing units.

On the second day of the onsite audit, staff and inmate interviews were conducted. Inmates were interviewed in the housing unit areas which provided easier access for both the auditor and staff. There were two interviews completed utilizing a staff interpreter as defined in policy. It was clear to the auditor; this is usual and customary practice and the inmates appeared comfortable with the interpreter. The inmate who had sent the letter was interviewed regarding their concerns. Issues identified were discussed with facility management and were previously addressed. Documentation was reviewed to verify the information.

As part of the onsite audit phase, inmate records were reviewed. All records from inmates interviewed were reviewed to include both inmate file and medical records. All contained the appropriate risk screening information

leading to the housing and program assignments. The flow as described in policy was seen in the files. Interviews with inmates supported that the process is completed consistently. Reviews of inmate files within the 30 days of their arrival demonstrated the required review which was also confirmed by inmate interviews. Logs demonstrating the dates were reviewed and found to meet the expected time frames.

Employee records (twelve) were reviewed with the Human Resources Director. The records were well organized and contained the pre-service background review, application, and documentation of ongoing criminal background checks. Background checks are completed annually on all staff which exceeds the standard of at least every five years. There have been no allegations of sexual misconduct by staff, but records were reviewed that contained personal action taken by the warden for other issues.

Investigation files for the last twelve months were reviewed. The ten files were complete and had recommendations from investigators and reviewed by the warden. Documentation as to the notification of the inmates were in the files.

Disciplinary report log were screened to assure inmates are not being charged with failure to disclose information. Grievance logs were reviewed and demonstrated that if an inmate files a grievance that is PREA issue, it is routed to the PREA Compliance Manager.

Post Audit Phase

Following the onsite audit phase, all additional information was reviewed for inclusion into the audit report. The outside emotional support network was contacted to confirm the MOU remains in place. They have not received any calls from Donald W Wyatt Detention Facility.

The report incorporates all available information, policy, and documentation as well as information gathered as a result of the interviews conducted to determine the compliance for each standard and provision. Observations of practice further supports the compliance determination. All 43 standards were found in compliance.

Facility Characteristics

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

Donald W Wyatt Detention Facility is a special non-profit quasi-public detention facility operated by the Central Falls Detention Facility Corporation. The facility operates a maximum-security male and female detention facility utilizing high-tech design and construction containment system. Original design capacity was 340 with an expansion completed in December 2006 to the current capacity of 767.

The mission of the facility is to protect the public from people who pose a threat to society. The mission is accomplished by operating a safe, secure and humane facility that is in compliance with state and federal law. The facility has maintained the American Correctional Association Accreditation standards and is audited every three years. In addition, US Marshal Service conduct a Quality Assurance Review and Immigration and Customs Enforcement Agency conduct performance audits.

The facility is a single building within the perimeter fencing. The parking lot for the facility is located across the street. Access to the facility is controlled by sally port entrances; one for foot traffic and one for vehicles. All facility keys are controlled in the Morse watchman system. This allows for individual key rings to be assigned to certain staff and they are the only ones who have access to remove the ring. The watchman requires fingerprint access to open and return key rings to the boxes. There are common key rings that the shift commanders have access

to, and so multiple people could obtain those key rings. Each key rings have designated keys on the ring for access to individual work areas. For example, the maintenance staff are present in the facility seven days/weekly however, only for certain hours. While the maintenance department could be an area where staff could take a inmate, these keys are not accessible to other staff to retrieve. Additionally, the key system records who has accessed the keys and when the keys are returned.

The camera system is robust and covers all areas of the facility. The system was upgraded in the past three years and the picture quality of the cameras is particularly good. The 292 cameras allow for clear images of the areas and with the tilt/zoom feature, allows for close monitoring in real time of the inmate population. The system is monitored in several locations which adds to the usefulness of the cameras. The system also records, and those recordings are available for 30 days. Cameras are monitored continuously in central control and shift commander office. Other locations could monitor camera when the area is occupied. Camera placement was done to reduce any blind spot areas.

Programs for the inmates are an important service. Religious services are available to include several different faith-based groups and during normal operations volunteers are deliver groups. Library services are available in each housing unit through the general library. Law library services are delivered through the kiosk in each housing unit.

Adult Basic Education is offered as well as basic literacy, economics, mathematics, Pre-GED, Spanish and world history. Other classes include English as a second language, Greek mythology, and Shakespeare. There are vocational programs such commercial cleaning, custodial worker, laundry, and general maintenance. Basic kitchen standards include ServSafe certification. Barbering vocational program provides hands-on training by a licensed instructor and could result in the inmate obtaining a barber license. Also offered is release preparation and re-entry programs.

Other programs include anger management and substance abuse treatment. Individual and group counseling is available to inmates. Additionally, recreation programs are available in both indoor and outdoor yards.

First Floor

The lobby is accessible from the sallyport walkway entrance. All staff and visitors enter and must sign in. Visitors complete the sign in log and are issued visiting badges. Vehicles enter through the other sally port entrance into the garage which is adjacent to the receiving/discharge area. All incoming inmates are processed through this area which has good lines of sight. Medical has a small clinic adjacent to the receiving/discharge area. Inmates access services by requests through the kiosks. Medications are delivered to the housing units.

The kitchen is located on this level and has open areas which allow for good sight lines throughout. The dry storage room has two doors with windows. There are cameras in the kitchen to include the dry storage room. Food trays are prepared in the kitchen and taken to all housing units. All contractor food services staff are trained and understand PREA.

Maintenance is next to the kitchen on the first floor. There are several rooms in this area utilized for different maintenance specialties. There are several cameras however there are several areas which are not visible by camera. One camera provides a view of the doorway leading into this department. The keys to this area are controlled with the key watch system. The camera and key control make it difficult to access this area without proper approval.

Central control is a large area with camera visibility throughout the entire facility. There are two large banks of computer screens providing the ability to monitor staff and inmate movement, activities in housing units and entry into the facility by vehicle. The cameras throughout the entire facility are monitored with continuous observations. There are three staff on first and second shift and two on third shift. This area also has direct observation of the housing units located on this level.

Housing unit A is a dormitory style with 28 bunks for a capacity of 56 inmates. There is a large sleeping area with cinderblock sections. The cameras offer lines of sight in this unit. Adjacent to the sleeping area is a large day room with natural lighting and camera coverage. The large toilet/shower area allows for reasonable privacy. The windows which are visible from the day room have curtains covering to maintain privacy.

Housing unit B and C are two tiers of 35 double occupancy cells for a capacity of 70 each. Housing D, E and F are two tiers of 14 four person cells for total capacity of 56 inmates each. All cells in this area have a toilet/sink combination unit. There is an officer's station which has good lines of sight into the area. Showers are located on both bottom and top tier. There are cameras in all housing units. Housing unit F was vacant at the time of the audit.

Second Floor

The cells on the second floor have a toilet/sink combination unit and showers are in the day room area. Housing unit G and H share a vestibule area containing offices. Housing unit G has 24 single occupancy cells and is considered restricted housing. Housing unit H has 48 double occupancy cells for a total capacity of 96 inmates.

Housing unit I has 20 double occupancy cells on two tiers. Currently women inmates are assigned to this unit. There is a large day room area, office, and group room. The group room has library books that could be checked out by the inmates. Housing unit L has 36 double occupancy cells for a total capacity of 72. The workers for the facility are housed in this unit. They have more access to the day room areas. Both have an officer station in the unit.

Third Floor

Housing units on this level are similar in construction to the other housing units. All cells have a toilet/sink combination unit. Showers are located in the day room areas. Housing unit J 1 has 24 double occupancy cells for a capacity of 48. Housing J 2 has 48 double occupancy cells for a total capacity of 96. These two units share a vestibular with two offices. Housing unit K has 35 double occupancy cells for a total capacity of 70. There are no lines of sight issues on this floor.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 43

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

There are no corrective actions required.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy and Procedure 411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Central Falls Detention Facility Corporation Organization Chart

Interviews:

PREA Coordinator
PREA Compliance Manager
Warden
Random staff

Findings:

Policy 411.6 Procedures A.1.b designates the Compliance Captain as the PREA Coordinator/PREA Compliance Manager/Sexual Abuse and Assault Prevention and Intervention (SAAPI) Coordinator. A.1.c. requires PREA Coordinator/PREA Compliance Manager to have sufficient time and authority to develop, implement and oversee the efforts to comply with the PREA standards. Documented in the organizational chart, the PREA Coordinator reports directly to the Warden.

Interviews with the PREA Coordinator and Warden validate the role of the PREA Coordinator reports directly to the Warden and the individual has sufficient time and authority to carry out the responsibilities. Staff interviews demonstrate they understand the existing structure and utilize the PREA Compliance manager whenever questions arise or there is any type of allegation in the facility.

Specially, the PREA Coordinator assure systems are in place for reporting, maintains appropriate MOU or contracts with outside providers. There are several systems in place to assure policy is being followed.

Conclusion:

Provisions (a)(b)(c) were documented in policy, organization charts, and confirmed through staff and inmate interviews. Based upon review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews:
PREA Compliance Manager

Findings:

Donald W Wyatt Detention Facility does not have any contract with other facilities to house inmates. There have not been any contracts during the last three years. In discussion with the Warden and PREA Coordinator, any contracts entered into in the future would include the necessary PREA implementation language.

Conclusion:

Provisions (a) and (b) are non-applicable since the facility does not have contracts to house inmates in private of other governmental agencies. However, there is a clear understanding of the required language in in future contract, the Donald W Wyatt Detention Facility is found in compliance with standard 115.12.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the

need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No

- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
 Annual Staffing Plan and Video Monitoring System Review
 Staffing Plan
 Staff Tour Sheets

Interviews:

Warden
 PREA Coordinator
 Detention Supervisors
 Intake and Classification Staff
 Random Staff
 Random Inmates

Findings:

Policy #411.6 A.2 a requires the facility to maintain a staffing plan that provides adequate levels of staffing to ensure detainee protection against sexual abuse and shall take into consideration generally accepted detention practices, any judicial or federal investigative agencies finding of inadequacy or internal or external oversight bodies, all components of the physical plant and composition of the inmate population. The staffing plan must also consider supervisory staff numbers, facility programs, applicable state or local laws, regulations, or standards. Consideration is also given to incidents and findings or recommendations of the sexual abuse incident review reports or other findings reflecting on facility security, inmate safety to include the average length of staff at the facility and any other relevant factors. A.2.b requires the chief of security to report in writing to the warden any deviations from the approved plan. A.2.c requires the chief of security and the PREA coordinator to conduct a PREA assessment of the facility. A.2. d requires the annual assessment to be documented and forwarded to the warden for review when completed. The assessment must include any recent changes to the facility environment and the uniqueness of the inmate population.

Policy #411.6 A. 2. e. requires administrative staff to make unannounced rounds on all shifts. Staff are prohibited from alerting others regarding supervisory rounds being conducted.

Interviews with the Warden and PREA Coordinator confirm the annual staffing plan review. The PREA Coordinator reviews the staffing plan every six months to assure there are no needed changes based on any incident data that if available. The supervisory staff interviewed confirm they schedule staffing based on the approved staffing plan. There are no deviations from the staffing plan since if there is danger of falling below the plan, staff are kept on overtime to assure minimum numbers are available.

As determine in the staffing plan there is one captain and two lieutenants on each shift. There are three sergeants on day and second shift with one sergeant on third shift. There are 31 correctional officer posts with 24 staffed daily. The remaining posts are staffed five days per week. There are 44 correctional officers on day shift, 35 officers on second shift and 21 officers on third shift.

Health care is available to inmates 24 hours/daily staffed by Registered Nurses and Licensed Practical Nurses. In addition to the nursing staff, there is a nurse practitioner, mental health coordinator, mental health counselor, medical technicians, and medical clerk. Contracted health care services include physician, dentist, dental hygienist, and psychologist.

There are program staff available in the facility. This staffing includes chaplain, classification, and educational staff.

Documentation of unannounced rounds was provided with the staff tour sheets. In addition to reviewing the tour sheets, interviews with staff confirmed the presence of administrative staff at least weekly. Interviews with inmates further documented the routine presence of administrative staff in the housing units. During the onsite review, the auditor observed the warden making a round in housing units, stopping at each cell door and talking with the inmates.

Conclusion:

Provision (a)(c)(d) was met through documented staffing plan analysis, tour logs, interviews with administration, staff, inmates and direct observation of administrative rounds. Provision (b) was not applicable because the facility does not deviate from the approved staffing plan. Based upon review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator

Findings:

There are no youthful offenders housed at the Donald W. Wyatt Detention Facility. By contract, they house only adult inmates.

Conclusion:

Provisions (a)(b)(c) are not applicable since there are no youthful offenders in Donald W Wyatt Detention Facility. Based upon the analysis of all available evidence, Wyatt Detention Facility is found in compliance with standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator

Staff Interviews

Intermediate level supervisor

Staff who perform intake

Random staff

Targeted Inmates

Random Inmate

Findings:

Policy #411 A.3. defines cross gender viewing and searches for all staff and all provisions are defined in the policy. Provision (a) is defined in A.3. a which prohibits staff from conducting cross-gender strip search or cross-gender visual body cavity searches except in exigent circumstances or when preformed by medical practitioners. Provision (b) is defined in A.3.b which prohibits staff from conducting cross-gender pat searches of female detainees absent exigent circumstances and require they not be restricted from access to regularly available programming or other out-of-cell opportunities. Provision (c) is defined in A.3.c that staff will document any cross-gender strip searches, visual body cavity searches or cross-gender pat searches of female inmates with an

incident report which must be completed prior to the end of their shift. Policy #411 A.3.d requires staff to follow provision (d) by providing reasonably private bathing and toileting environment. All inmates are allowed to shower, perform bodily functions, and change clothing without non-medical staff viewing their bodies except in exigent circumstances or when such viewing is incidental to routine cell checks. Provision (d) is further defined in A.3.e requiring staff to announce their presence when entering housing units. Provision (e) is defined in A.3.f. by stating that staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy language further directs staff to utilize conversations with the inmate, review of medical records or by medical examination conducted in private by a medical practitioner. Policy #411 A.3.g. requires staff to conduct cross-gender pat searches in a professional and respectful manner to include transgender or intersex inmates.

The lesson plan utilized for training staff on body, cell and area searches were reviewed as required in provision (f). The lesson plan provides detailed descriptions of pat/strip searches, how they are to be conducted and by which staff. The lesson plan reinforces the concepts defined in policy #411 to include prior to any cross-gender visual body cavity searches for exigent circumstances, the shift commander must approve the action. Training also confirms an incident report must be completed prior to leaving the shift. Training records confirm employees have been trained with this lesson plan.

Interviews with administrative staff and random staff confirm the implementation of the policy as written. Staff clearly and consistently articulated the requirements for pat or strip searches of transgender or intersex inmates. When asked about transgender or intersex inmates, staff quickly commented that they ask the individual about who they would like to be searched by and they were clear that the facility supported consideration be given to that request. Consistently, they verified an understanding of how pat and strip searches are to be conducted and the prohibition regarding cross-gender pat and strip searches. There were no incident reports found to document cross-gender pat or strip searches.

Random and targeted interviews with inmates established searches are conducted by same gender staff and they are able to shower, dress and toilet in privacy. They articulated all staff announce their presence when entering housing units on all shifts. When interviewed the transgender inmate confirmed their request about which gender staff would conduct the pat search was honored. None of inmates interviewed have been pat or strip searched by cross-gender staff.

Conclusions:

Provisions (a)(b)(c)(d)(e) were documented by Policy #411, onsite observation, interviews with staff and inmates and review of incident reports. Provision (f) was confirmed by the lesson plan. Based upon the review and analysis of all the available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Lesson Plan – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Shift Commanders
Intake Staff
Staff who perform Screening for risk for victimization and abusiveness
Targeted Inmates
Random Staff

Findings:

Policy #411, A.4. a. and b. require inmates with disabilities to be provided with opportunities to participate using staff interpreters, telephonic interpreters, TTY machines, videos or written materials to ensure that they understand the information being provided to prevent, detect and respond to sexual abuse or sexual harassment. Policy #411, A.4.c prohibits inmate interpreters, readers or other types of inmate assistants except in limited circumstances where there would be an extended delay in obtaining effective interpreter services.

Interviews with the PREA Coordinator, intake and random staff confirm there are multiple mechanisms to provide interpretive services for inmates who are Limited English Proficient (LEP). The contract for language interpreter services was reviewed and tested during the onsite audit. Staff interviews confirmed they were aware of the availability and shift commander had utilized the line on occasion.

The PREA Coordinator complies and maintains the list of staff interpreters who speak different languages. Their assigned location is included on the list which makes it easier to access for the shift commanders when necessary. Interviews with staff including those who screen for risk for victimization and abusiveness were knowledgeable about accessing the list.

Interviews with inmates confirm they were provided interpreter staff when needed. There were no inmates at the time of the onsite audit who were blind, deaf or hearing impaired.

Conclusions:

Provisions (a)(b) and (c) were documented in policy, staff and inmate interviews. Interpreter services were validated by the existing contract. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Policy #602 – Facility Hiring Practices, Staffing Requirements and Analysis, Labor Management Relations
Policy 618 – Personnel Records
Personnel Records

Interviews:

Human Resources
PREA Coordinator
Programs Administrator

Findings:

Policy #411 A.5. a. prohibits the facility from hiring or promoting staff who has a history or sexual abuse or sexual harassment. This includes contractors who might be providing services. Provisions (a) and (b) are covered in this policy.

Provision (c) and (d) is defined in policy #602 F.2.a which requires a criminal history check and domestic violence civil protective orders through the National Crime Information Center (NCIC) for all new employees, contractors and volunteers. Provision (e) is defined in F.6 requiring criminal background records checks at least every five years. Provisions (f) is defined in F.9 which requires for hiring, promotion or as contractor, consideration be given to sexual abuse in an institutional setting or sexual activity involving force in the community whether it has been civilly or administratively adjudicated. Provision (g) is documented in F.12 of this policy and requires that material omissions regarding misconduct, or false information to be grounds for termination.

Review of employee records clearly documented the background criminal investigations before hiring and annually thereafter. There were 84 new employees hired that have contact with inmates so 10 employee files were reviewed. There were no examples of staff misconduct during the last 12 months. The annual background is considered on all promotions. There were no contractors in the facility because of the current COVID pandemic.

Interviews with PREA Coordinator, Warden and Human Resources staff confirmed the policy implementation which was supported in the records review.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f)(g) were documented in policy, employee files and interviews with staff. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:
None

Interviews:
PREA Coordinator
Facility Commander

Findings:
There are cameras throughout the facility and there were upgraded in the years prior to the current audit. The cameras are clear and provide monitoring from several locations throughout the facility. Many cameras have tilt, zoom features which allow staff monitoring to increase the visibility in locations. The cameras are monitored continuously. Placement of cameras was done to reduce any blind areas in the facility.

The facility has recently implemented body cameras for staff to wear. The installation began in June 2020 and currently staff training is being conducted. The policy governing the use of the body cameras and full implementation is expected by the end of March 2021. There were 90 cameras purchased and 70 have been deployed to staff depending on the post assignment.

Interviews with the PREA Coordinator and administrative staff confirm the placement and use of the cameras is an important tool in monitoring for the safety and security of the inmate population related to sexual safety at the facility. Implementation of the body cameras has the same focus as other camera technology already in use.

Conclusions:
Provision (a)(b) are met with the use of the existing camera systems and current installation of body cameras. Interviews and visits to all areas of the facility during the onsite audit, support the importance of the camera system. Based upon the review and analysis of all available information and observation Donald W Wyatt Detention Facility is found in compliance with standards 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Policy #220 – Collection and Preservation of Physical Evidence

Interviews:

PREA Coordinator
Medical and Mental Health Supervisors
Random Staff
Random and Targeted Inmates

Findings:

Provision (a) is defined in Policy #411 B.1 and Policy #220 A. 1-4 requiring staff to isolate, contain and secure all crime scenes for the preservation of evidence. Provision (b) is not applicable since there are no youthful inmates

housed at this facility. Provision (c) is defined in Policy #411 B.1.d and e. states all victims of sexual abuse shall have access to forensic medical examinations without financial cost. These will be performed by a SAFE or SANE examiner in an outside medical facility. Provision (d) is defined in Policy #411 B.1.f requiring victim advocate from rape crises center be available in a community-based service. Policy #411 B.1.g. defines the available of a victim advocate, qualified facility staff member or qualified community-based organization staff member to accompany and support the alleged victim at their request and meet the requirements in provision (e). Provision (f) is not applicable because the Donald W Wyatt Detention Facility is responsible for investigations.

Interviews with PREA Coordinator, Medical and Mental Health supervisors confirm the agreements with community-based SANE examiners and victim advocacy groups. Despite numerous attempts to have a signed MOU, the community-based hospital has been unwilling to enter into a MOU. They do confirm they are willing to see inmates from the facility and have SAFE/SANE program available continuously. While there are no examples of SAFE/SANE services being utilized during the current year, medical files to have copies of other types of health services obtained through the community-based hospital.

Victim advocacy services are provided through an MOU which has a twenty-four-hour hotline, and all inmates can access the services through the telephone. The agreement also provides for victim advocate to accompany victims at the hospital for forensic examinations. There have been no calls to the hotline during the last 12 months.

Interviews with staff document their clear understanding about managing any type of crime scene. All staff could articulate their actions and responsibilities for notification. Inmates were aware of the numbers to the victim advocacy services though none had utilized the services.

Conclusions:

Provisions (a)(c)(d)(e) were documented by policy, MOU, interviews with staff and inmates. Provision (b) is not applicable since there are no youthful inmates within the detention facility. Provisions (f) and (h) are not applicable because the facility does conduct criminal investigations. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
 Correctional Supervisors
 Classification Staff
 Investigation Staff

Findings:

Provision (a) and (b) are defined in Policy #411 B.2 a. – i. which states the facility shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Section B.2. describes in detail the process for investigations of all allegations and the staff responsibilities with each allegation.

By policy #411 B.2.b and standard operating agreement, any allegations of sexual abuse or sexual harassment shall be referred to the US Marshal Service who will coordinate the criminal investigative efforts between the facility and federal law enforcement officials. The website has the policy available under the tab for PREA/Zero Tolerance is available for the public. Review of investigative files demonstrated all allegations received were investigated.

Conclusions:

Provisions (a) and (b) were documented by policy, staff interviews and review of investigative files. Provision (c) was not applicable to the facility. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Training Lesson Plan – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interview:

PREA Coordinator

Administrative Staff

Random Staff

Findings:

Policy #411 Section C.1.a – d requires all staff are trained during new employee orientation or their pre-service training. The training plan covers the following areas: zero tolerance towards sexual abuse and sexual harassment, how to fulfill their responsibilities for prevention, detection, reporting and response policy and procedures, inmate's rights to be free from sexual abuse and sexual harassment, the right of both inmates and staff to be free from retaliation. Also defined in the policy and included in training are the dynamics of sexual abuse and sexual harassment, how to detect and respond to signs of threatened or actual sexual abuse, how to avoid inappropriate relationships with inmates, communicating effectively and professionally with all inmates including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming. The relevant laws related to mandatory reporting is also required for training by policy. By policy, the training encompasses both male and female inmates.

The lesson plan was reviewed and demonstrates all the topics to be included by policy. Interviews with staff confirmed by received training and were able to articulate several features of the training further validating the completeness of the training. Staff were positive about the way training has been implemented and the success of the instructor to illustrate the importance of zero tolerance and staff responsibilities. Training records confirmed the electronic documentation of completion of training.

Conclusions:

Provisions (a)(b)(c)(d) were documented by policy, training curriculum, training records and staff interviews. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Training Lesson Plan – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator

Findings:

Provisions (a)(b) and (c) are defined in Policy #411 C.2. which requires volunteers and contractors who have contact with inmates will receive training based on the level and type of services they will be providing. The policy requires if they have contact with inmates, they shall be notified of the zero tolerance regarding sexual abuse and sexual harassment and how to report such incidents. They are required to acknowledge in writing their understanding.

Volunteers and contractors complete the same training as staff. The lesson plan was reviewed as part of the audit process and found to have all necessary components as outlined in standard 115.31. Contract food service staff have completed the required training. Records were not reviewed since there are no volunteers during the last 12 months.

Conclusions:

Provisions (a)(b)(c) were documented in policy and the lesson plan. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviews:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Inmate Handbook
PREA Posters
Intake Records of Inmates
Program Log

Interviews:

PREA Coordinator
Intake Staff
Staff who perform Screening for risk of victimization and abusiveness
Random Staff
Random Inmates

Findings:

Provision (a) is defined in Policy #411 C.3.a. requiring during the intake process, inmates shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Written materials are provided to each inmate during the intake process.

Provision (b)(c)(d)(e)(f) is defined in C.3.b. – e. which requires all inmates to be provided with comprehensive education within fourteen days exceeding the provision's required within 30 days. The program staff provide one to one education to each inmate, and it is tracked on a log. Additionally, they assure the inmate is provided

education in a format accessible to each individual such as LEP or required accommodations. Staff maintain a log to track that each inmate has received comprehensive education.

There were posters in common areas of the facility providing information about zero tolerance and being free from sexual abuse and sexual harassment. The posters included phone numbers both internal and external for reporting any allegations. Interviews with inmates confirm they received the education and were provided written handouts. They were aware of the posters. Training is also available on the kiosk and tablets.

Interviews with staff confirm the education is provided as part of the intake process. They also confirmed the comprehensive education is completed and logged. Review of inmate records contained the signed document acknowledging the education.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f) were defined in policy, confirmed by staff and inmate interviews and inmate records. Staff logs confirmed inmates were seen within the required 30-day period for comprehensive education. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviews:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Investigator training records

Interviews:

PREA Coordinator
Investigator

Findings:

Provision (a)(b) and (c) are required in Policy #411 C.4.a.-c. titled Special training for investigations. This section in the policy requires in addition to general training provided to all employees, the investigators to receive training for conducting investigations in a confinement setting. The policy requires the training to include interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting. The policy further requires the specialized training to include criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is to be documented in the employee personnel file.

Interviews with the PREA coordinator and investigator confirm the specialized training. Training records verify the completion of NIC PREA: investigating sexual abuse in a confinement setting has been completed by the investigators.

Conclusions:

Provisions (a)(b) and (c) were documented through policy, staff interviews and training records. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Training Records

Interviews:

PREA Coordinator
Medical and Mental Health Supervisors

Findings:

Provisions (a)(c) and (d) are defined in policy #411 C.5. a.- c. which requires medical and mental health practitioners to be receive specialized training in addition to the general training for all staff. All full and part time staff are required to complete the training. Areas required to be covered are how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and how to report allegations or suspicions of sexual abuse or sexual harassment. Provision (b) is not applicable since facility staff do not perform forensic examinations. These are conducted in a community-based health care facility.

Interviews with staff confirm they have completed the specialized training through NIC, PREA 201 for Medical and Mental Health Practitioners. Training records reflect the completion certificates.

Conclusions:

Provisions (a)(c) and (d) are defined in policy and confirmed by staff interviews. Training records document the completion of training courses. Provision (b) is not applicable since forensic examinations are completed by a community-based hospital. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No

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

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?
 Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviews:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
 Inmate Handbook
 Appendix D Sexual Assault/Sexual Abuse Risk Assessment Screening Form
 Appendix E Sexual Assault/Sexual Abuse Risk Re-Assessment Screening Form

Interviews:

PREA Coordinator
 Staff who Perform Risk Screening
 Random and Targeted Inmates

Findings:

Policy #411 Section D.1.a.-i. defines the risk screening process for all inmates. Provision (a)(b) and (c) is defined in D.1.a. requiring assessment within twenty-four hours of admission to the facility. The assessment will be completed using Appendix D Sexual Assault/Sexual Abuse Risk Assessment Screening Form, an objective screening instrument. It is completed by medical staff and reviewed by the Health Services Administrator and maintained in the medical file. A copy of the assessment is forwarded to the programs department and utilized as part of the classification process. As required in provision (d) the policy requires inmates are screened at a minimum with the following criteria: presence of the mental, physical or developmental disability, age, physical build, previous incarcerations, criminal history is exclusively nonviolent, if there are prior convictions for sex offenses, whether the inmate is or perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, had previously experienced sexual victimization, inmate's own perception of vulnerability and if the inmate is detained solely for civil immigration purposes. Provision (e) is defined in D.1.a. requiring the screening to consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse at the facility. Section D.1.f. requires within thirty days but no earlier than five days of a new commitment, programs staff shall conduct a reassessment utilizing Appendix E Sexual Assault/Sexual Abuse Risk Re-Assessment Screening Form as required in provision (f). Provision (h) is defined in D.1.g. requiring the inmate's risk level to be reassessed based on a referral, request, when additional information is obtained or in incident of sexual abuse occurs. Section D.1.b. prohibits an inmate from being disciplined for refusing to answer or for not disclosing complete information as required in provision (h). Provision (i) is defined in D.1.h. requiring information is only disseminated to those persons with a need to know.

Interview with staff confirm the utilization of both Appendix D and E for the assessment of risk screening. Interviews with inmates confirm they had been asked the questions on the form during the intake process and again when they were seen by case management staff.

The forms utilize a number score to assess the potential for victimization or potential predator. The assessment and re-assessment forms were in all inmate records reviewed during the onsite audit.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f)(g)(h) and (i) were documented in policy, staff, and inmate interviews. Review of inmate records contained completed assessment and re-assessment screening forms. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Document Review

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Policy #506 – Assessment and Classification

Inmate Records

Interviews:

PREA Coordinator

Program Staff

Classification Staff

Random and Targeted Inmates

Findings:

Policy #411 Section D.2. a.-e. meet the requirements of the provisions in this standard. Provision (a) and (b) is defined in D.2.a. requiring programs staff to use the information obtained from the risk screening in making informed decisions regarding housing, bed, work, education, and programs assignments. The decisions are

made on case-by-case basis. Provision (c) is defined in D.2.b. requiring decisions about assignment for a transgender or intersex inmate are made individually for housing and program assignments. These decisions are required to consider the health and safety of the inmate. Section D.2.c. ensures that housing and program assignments are reviewed at least twice-yearly meeting provision (d). Provision (e) is defined in D.2.d. ensuring consideration is given to transgender or intersex inmate's own view to their safety for housing assignments. As defined in provision (f), Section D.3.e requires transgender or intersex inmates to given the opportunity to shower separately from other inmates. Provision (g) is not specifically addressed in this policy since there are no specialized unit and all the language in Section D requires individual placements for inmates.

Interviews with staff confirm their understanding housing, work and program assignments are completed. All staff articulated the need to consider the views of transgender and intersex inmates in making assignments. Placements in housing units was observed during the onsite tour and supported by the review of inmate records. Records were reviewed for all inmates who were interviewed, and the risk screening, housing and program assignments were present in the files.

Of special note, it was clear that the facility takes the assignment of transgender inmates seriously and considers their own view of health and safety. During the onsite audit, a transgender inmate was interviewed and confirmed the awareness of their needs were supported by the facility staff. The housing assignment had been made based on the individual circumstances and was supported by all staff who were interviewed. The facility maintained the housing assignment despite some other inmates being concerned and voicing their opinion when the decision was first implemented.

Conclusions:

Provisions (a)(b)(c)(d)(e) and (f) were documented in policy, staff, and inmate interviews. Provision (g) was documented with staff and inmate interviews. Records review illustrated the case-by-case basis for housing program and work assignments. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator

Shift Commanders

Staff who Perform Screening for Risk of Victimization/abusiveness

Staff who supervise inmates in segregated housing

Findings:

Policy #411 Section D.3. a.-h. fulfill the requirements for the provisions of this standard. Specifically, provision (a) is defined in D.3.b. and c. requiring an assessment of all available alternatives has been made prior to placing an inmate in involuntary restrictive housing. It is also required that if an immediate assessment cannot be conducted, the inmate may be held for up to twenty-four hours while completing the assessment. Section D.3.d. requires inmates placed in protective custody have access to programs, privileges, education, and work opportunities as defined in provision (b). Provision (c) is defined in D.3.e. requiring inmates may be held on protective custody status only until an alternative means of separation can be arranged not to exceed thirty days. Provision (d) is defined in D.3.g. requiring involuntary restrictive housing be clearly documented to include the basis for the concern for the inmate safety and the reason why no alternative means of separation would be arranged. Section D.3.h. requires the inmate to be seen with a face-to-face review every thirty days meeting provision (e).

Interviews with PREA Coordinator and staff illustrated that involuntary segregation is rarely utilized since there are several housing units to be able to separate vulnerable inmates. There were no inmate records that demonstrated they had been placed involuntarily in restricted housing. None of the inmates interviewed had been placed in involuntary restricted housing.

Conclusions:

Provisions (a)(b)(c)(d) and (e) were documented by policy, staff, and inmate interviews. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Inmate Handbook
PREA Posters displayed in the facility

Interviews:

PREA Coordinator
Facility Administrator
Random Staff
Random and Targeted Inmates

Findings:

Policy #411 Section E defines the multiple internal ways inmates are able to report privately sexual abuse or sexual harassment without fear of retaliation from other inmates or staff meeting all the provisions in this standard. Provision (a)(b)(c) and (d) are defined in E.1.a requiring staff to accept all reports of sexual abuse or sexual harassment, made verbally, in writing, anonymously and from third parties from inmates. When reported, staff will promptly relay such information to the shift commander and then in a written incident report. E.1.b supports the provisions by allowing for reporting of alleged incidents to a designated person rather than an immediate point-of contact line officer. As defined in the provisions, the policy requires the telephone hotline number to the PSU. By policy, inmates are able to write the Office of Inspector General which is external to the facility.

The information regarding all methods of reporting incidents is detailed in the inmate handbook. The information was available in English and Spanish. All phone numbers and addresses are available in the document and contained on PREA posters throughout the facility. The posters are in all living units and other common areas of the facility. The facility website has links for external reporting.

Interviews with staff and inmates confirm the multiple ways of reports sexual abuse or sexual harassment. Staff were able to articulate the methods of reporting to include accepting anonymous reports. Inmates were aware of the posters and the information in the handbook.

A review of incident reports contained reports that were taken verbally from inmates which were documented in writing. Investigation files contained incident reports as well.

Conclusions:

Provisions (a)(b)(c)(d) were documented in policy, inmate handbook and staff interviews. Review of incident reports, investigation files and the website demonstrated different ways inmates could report. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Policy #302, Grievance System

Interviews:

PREA Coordinator
Inmates

Findings:

Donald W Wyatt Detention Facility has a robust grievance process as defined in policy #302 so provision (a) is applicable to the facility. Provision (b) is defined in Section M. 1-2 by not imposing any time limits on when an inmate may submit a grievance regarding allegations of sexual abuse/harassment. Inmates are not required to use the informal grievance process or otherwise attempt to resolve with staff. Section M. 3-4 allow the inmate to submit a grievance to another staff member who is not alleged to be involved. The alleged staff member is prohibited from participating in the grievance process in any capacity. Provision (d) is outlined in M. 5-6 requiring grievances to be finalized within ninety days and extensions may be granted by the Warden. Provision (e) is defined in M. 8-10 which require the facility to accept third party grievances on behalf of the inmate, and confirm the inmates wants to proceed with the grievance. Additionally, the inmate who declines to have the grievance processed, will be documented by the Grievance Coordinator. Provision (f) for emergency grievances is defined in M. 11-13 which requires the acceptance of an emergency grievance where it is alleged an inmate is subject to substantial risk of eminent sexual abuse or sexual harassment. The facility is required to take immediate action to ensure the safety of the inmate and has forty-eight hours to provide an initial response to the grievance. Section M.14 meets the requirements in provision (g) requiring inmates are only subject to disciplinary actions if it has been demonstrated the inmate filed the grievance in bad faith.

Interviews with staff and inmates confirm their understanding of the grievance process as related to sexual safety. Two investigation files documented grievances as the beginning of the process. Grievance logs were reviewed for further documentation of the existing grievance process. All grievances were resolved within ninety days. There were no grievances from third parties submitted to the facility.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) and (g) were documented by policy, staff and inmate interviews. Grievance logs and investigation files confirmed the use of the grievance policy. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Inmate Handbook
PREA brochure
PREA Posters display in the facility

Interviews:

PREA Coordinator
Random Inmates
Random Staff

Findings:

Policy #411 Section E.3. a. and b. meet the requirements for provision (a) for outside victim advocates for emotional support services related to sexual abuse. The policy requires the inmates are provided a written document that contains the phone number, addresses for local, state, or national victim advocacy or rape crisis organizations and communications between these organizations and the inmates are done in a reasonably confidential manner. Provision (b) is defined in E.3.d requiring the inmates are informed prior to accessing the emotional support services the extent to which the communications is will monitored and when reports of sexual abuse will be forwarded to authorities. Provision (c) is defined in E.3.e requiring the facility to maintain contractual agreements with community service providers who are able to provide inmates with confidential emotional support services related to sexual abuse.

Interviews with PREA Coordinator and community-based service provider validated the MOU remains current and services are available. Interviews with staff and inmates confirm their knowledge of the available services.

Review of the inmate handbook and brochure demonstrated the information was in both documents and available in English and Spanish.

Conclusions:

Provisions (a)(b) and (c) were documented in policy, inmate handbook and brochure. Interviews with staff and community-based provided further documented the availability emotional support services. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Inmate Handbook
PREA Posters display in the facility
Facility Website

Interviews:

PREA Coordinator
Random Staff
Random Inmates

Findings:

Policy #411 Section E.4. a and b require the facility to accept third party reports of sexual abuse and sexual harassment on behalf of the inmate. The policy requires the information to be posted in the lobby and on the public website.

Interviews with staff and inmates confirm the ability of third parties to report on behalf of an inmate. Inmates indicated they would utilize their family or friends if necessary to make a report. The information was available in the inmate handbook. The website was reviewed and the information regarding third party reporting was easy to find.

Conclusions:

This standard was documented by policy, interviews with staff and inmates and verification of information available on the website. Based upon the review and analysis of all available evidence Donald W Wyatt is found in compliance with standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Investigation Staff
Medical and Mental Health Staff
Random Staff

Findings:

Policy #411 F.1 define the staff reporting duties. Provision (a) is articulated in F.1.a requiring staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against staff or inmates who reported such incidents or staff who have neglected or violations of their responsibilities. Section F.1.b meets the requirements in provision (b) requiring staff not reveal any information related to sexual abuse report except to their supervisors or higher authorities. Provision (c) is defined in F.1. c requiring medical and mental health practitioner to report sexual abuse and express the limitations to confidentiality at the initiation of services. Section F.1. d defines provision (d) regarding the notification of designated state or local service agency when the victims is considered a vulnerable adult under applicable mandatory reporting laws. Provision (e) is defined in F.1.e that all reports of alleged abuse or sexual harassment including third party or anonymous reports are reported through the chain of command to the PSU.

All of the random staff interviewed indicated their requirement to report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, knowledge of staff neglect that led to an incident of sexual abuse, sexual harassment or retaliation. Staff acknowledged if a report was made to them, their first responder protocol would begin, and they would separate the victim from the perpetrator (if known) and ensure the safety of the victim.

Medical and mental health staff confirmed their requirements for reporting to ensure the sexual safety of all inmates and staff.

Conclusions:

Provisions (a)(b)(c)(d) and (e) were documented in policy and confirmed by staff interviews. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Random Staff
Random Inmates

Findings:

Policy #411 Section F.2.a requires when the facility learns an inmate is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the inmate. The policy meets the provision of the standard.

Interviews with staff confirm their knowledge about the prompt actions which must be taken in the event of imminent sexual abuse to an inmate. They described the process and locations there they could take an inmate immediately if necessary.

Interviews with inmates confirm their belief that all staff would respond to protect them from sexual abuse or assault. Inmate during the interviews consistently stated they felt safe.

Conclusions:

The policy, interviews with staff and inmates document the requirements of this standard. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Documentation of Allegations while incarcerated at another facility

Interviews:

PREA Coordinator
Investigations Staff

Targeted Inmates

Findings:

Policy #411 Section F.3. a-c defines the requirements in provisions (a)(b)(c) and (d). The policy requires allegations from another facility, notifications where the alleged abuse occurred will be notified. The notification must occur as soon as possible but not later than seventy-two hours and are documented. In this section, the facility is required to ensure the allegation have already been investigated or an investigation is initiated.

Interviews with staff confirm any allegations from other facilities are sent to the previous facility. There have been three instances where information was received from an inmate alleging sexual abuse while confined at another facility. Based on the amount of information available, notifications were made to as soon as possible the previous facilities. In two cases, there was not enough information to notify the previous facility within seventy-two hours. The situations were unique and understandable why it took longer to notify the facilities. These two cases do not indicate a lack of compliance to the standard.

Interviews with targeted inmates confirmed they were asked about previous sexual abuse incidents and if the cases had been investigated by their previous facility. Inmates were appreciative of the care and concern regarding their previous incidents by staff at Donald W Wyatt Detention Facility.

Conclusions:

Provisions (a)(b)(c) and (d) were documented in policy, staff, and inmate interviews. Documentation of notification supported the practice of notifications is being completed. Based on the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
PREA Training Lesson Plan

Interviews:

PREA Coordinator
Shift Commanders
Random Staff

Findings:

Policy #411 Section F.4. a defines provision (a) by requiring the first security staff member to respond to sexual abuse incident shall take the necessary steps to notify the facility, separate the victim and abuser ensuring they are kept under constant observation. The staff member will also preserve the crime scene and ensure the victim/abuser don't take any actions that could destroy physical evidence. Provision (b) is defined in F.4.b requiring staff who are not security to request the alleged victim not take any action that would destroy physical evidence and then notify security staff.

Interviews with staff confirm their understanding of first responder duties, securing the potential crime scene and management of the alleged victim and abuser. They could articulate all the requirements to include where they might be able to take the alleged victim. They confirmed these requirements were included in the annual training.

Conclusions:

Provisions (a) and (b) were documented in policy, training and confirmed by interviews with staff. Training records document staff are trained as first responders. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
PREA Training Lesson Plan

Interviews:

PREA Coordinator
Facility Administrator
Security Commanders
Investigators
Random Staff

Findings:

Policy #411 Section F.5 a-g details the written institutional plan for the coordinated response to incidents of sexual abuse. The policy outlines the role for each staff first responder, medical and mental health practitioners, investigators, and facility leadership. The policy is illustrated in the coordinated response slide as part of the PREA training lesson plan. This illustration provides a visual of how the process should work.

Interviews with all staff confirmed their understanding of the role in the coordinated response plan. Training records document staff training. There have not been any sexual abuse incidents during the last year.

Conclusions:

The policy and interviews with staff confirm the written institutional response plan. Training records validate staff are trained on the response plan. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Facility Administrator

Findings:

The facility has not entered into or renewed any collective bargaining agreements since the last PREA audit. Staffing assignments are bid every 6 months, but the facility has the authority to move staff in the event of an allegation for sexual abuse or sexual harassment of an inmates. Policy #411, Section F.6 requires the facility to have language defined in this standard in any collective bargaining agreements.

Interviews with staff confirm the bid process and the facilities ability to move staff if necessary.

The facility does have a current contract with United States Marshals Services for the housing, safekeeping and subsistence of federal inmates.

Conclusions:

Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Classification Staff
Investigation Staff
Random Staff

Findings:

Policy #411 Section F.7. a. and b. fulfill the provisions in this standard. F.7 a requires inmates or staff who report allegation or cooperate with investigations on sexual abuse or sexual harassment investigations to be protected from retaliation by other inmates or staff as defined in provision (a). Provisions (a)(b)(c)(d)(e) and (f) are documented in F.7.b which identifies who were monitor for retaliation and measures that might be taken to protect inmates. The measures could include housing changes, transfers, removal of alleged staff or inmate abusers and emotional support services. Monitoring shall be for at least ninety days or longer if the initial monitoring indicates a continuing need.

Interviews with staff confirm monitoring for retaliation is done after investigations are completed. There have not been any substantiated cases to demonstrate the process for preventing retaliation has been completed.

Conclusions:

Provisions (a)(b)(c)(d) and (e) are defined in policy and confirmed by staff interviews. There have been no substantiated cases during the last twelve months to demonstrate practice. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Classification Staff

Findings:

Policy #411 F.8 a. and b. require any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse to be subject to requirements in section D.3. Inmates must be evaluated by mental health staff prior to being placed in segregated housing. They are required to be reviewed within twenty-four hours of placement and then every seven days.

Interviews with staff confirm there have been no inmates placed in segregated housing who is alleged to have suffered sexual abuse.

Conclusions:

Policy and staff interviews document that process for utilizing segregated housing however there have no been any inmates placed in this situation. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:
Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:
PREA Coordinator
Investigation Staff

Findings:
Policy #411 Section G.1 defines all provisions required in this standard. Provision (a) is defined in G.1.a requiring all allegations of sexual abuse and/or sexual harassment to be investigated by the Professional Standards Unit (PSU). Investigations are to be completed promptly, thoroughly and objectively to include third party and anonymous reports. G.1.b requires PSU investigators to have special training as required in provision (b). Provision (c) is defined in G.1.f requiring PSU investigators to gather and preserve any evidence including any electronic monitoring data. This includes interviews with alleged victims, suspected perpetrators, and witnesses. Provision (d) is defined in G.1.e providing that PSU investigators will consult with outside agencies prior to conducting any compelled interviews. Provision (e) is defined in G.1.c requiring the credibility of an alleged victim, suspect or witness to be assessed on an individual basis regardless of their status. Additionally, the facility shall not require an inmate who alleges sexual abuse to submit to any truth-telling devices as a condition for proceeding with the investigation. Section G.1.g documents the requirements in provision (f) that administrative investigations shall include efforts to determine whether staff actions or failures contributed to the abuse, and all will be documented in written reports. Provision (g) is outlined in G.1.h requiring criminal investigations are documentation in written reports that include a thorough description of physical, testimonial and documentary evidence whenever possible. Section G.1.i requires all substantiated allegations of conduct that appear to be criminal in nature are referred for prosecution as required in Provision (h). Provision (i) is defined in G.1.j requiring written reports to be kept as long as the alleged abuser or victim is incarcerated or employed plus five years. As required in provision (j) all investigations are completed regardless whether the alleged abuse or victim leave employment of the facility. Provision (l) is defined in G.1.m requiring PSU investigators to endeavor to remain informed about the progress of any external investigations.

Interviews with the PREA Coordinator and investigation staff confirm the full implementation of the policy. During the last year, there were no investigations referred for criminal prosecution. A review of the investigation reports demonstrated all allegations were completed in a timely manner. All potential victims, suspects and any witnesses were interviewed as well as review of any electronic monitoring evidence. Information in the files included whether investigators found statements to be creditable and all information was written clearly.

Review of training records demonstrated investigators have training in conducting sexual abuse investigations.

Conclusions:
Provisions (a)(b)(c)(d)(e)(f)(g)(h)(i) and (j) were documented in policy, interviews, and records review. Provision (b) was also documented in training records. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Investigation Staff

Findings:

Policy #411 Section G.2.a prohibits the facility for applying a higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated as required in provision (a)

Interviews with PREA Coordinator and investigation staff confirm their understanding of preponderance of evidence. Review of investigation files and disciplinary reports confirm they were based on preponderance of evidence.

Conclusions:

Provision (a) was documented by policy, staff interviews and review of records. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Investigation Staff

Findings:

Policy #411 Section G.3.a -f meet the requirements of this standard. Provision (a) is defined in G.3.a PSU to inform the inmate as to the outcome of investigations as substantiated, unsubstantiated, or unfounded. Section G.3.b requires the facility to request relevant information from an external agency in order to inform the inmate of the outcome as required in provision (b). Provision (c) is defined in Section G.3. c requiring if the allegations were substantiated to inmate will be informed as to the action taken regarding the staff member. These include: the staff member not being posted in the inmate's unit, no longer employed at the facility, indicted on a charge and if they have been convicted. Section G.3.d requires the inmate to be informed regarding the outcome of an investigation of inmate-on-inmate sexual abuse as required in provision (d). Notifications include whether the alleged abuser has been indicted or convicted of charges. Provision (e) is defined in G.3. e requiring notifications or attempted notifications to be documented by PSU staff.

Interviews with staff confirm the inmates are informed regarding the outcome of investigations. Review of investigations files demonstrate the notifications have taken place as soon as the investigations are completed. There were no substantiated or unsubstantiated investigations involving staff-on-inmate sexual abuse incidents during the last 12 months.

Conclusions:

Provisions (a)(b)(c)(d) were documented in policy, investigation file review and interviews with staff. Investigation files demonstrated appropriate notifications were completed. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Warden
Human Resources

Findings:

Provisions of this standard are defined Policy #411, Section H.1.a. – d. Specifically, provision (a) is defined in H.1.a that staff shall be subject to disciplinary sanction up to and including termination for violating facility sexual abuse or sexual harassment policies. Provision (b) is defined in H.1.b that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Section H.1.c requires disciplinary sanctions to be commensurate with the nature and circumstances of the acts committed by other staff members and fulfills the requires in provision (c). Provision (d) is found in Section H.1.d which requires all terminations for violations of sexual abuse or sexual harassment policies including resignation prior to being terminated are reported to law enforcement agencies unless the activities were not criminal in nature. This section also requires the reporting to any relevant licensing body.

Interviews with the PREA Coordinator, warden and human resources validate the policy provisions and their application to staff behaviors. Policy violations are reviewed and investigated when necessary. During the last twelve months, there have not been any staff who violated the sexual abuse/sexual harassment policy.

Conclusions:

Provisions (a)(b)(c)(d) are defined in policy and confirmed by staff interviews. There are no records to review since no staff have been disciplined during the last twelve months. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator

Findings:

Provision (a) is defined in Section H.4.a that requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and subject to reporting to law enforcement agencies unless the activity is not criminal in nature. By policy, they would be reported to any relevant licensing bodies. Provision (b) is defined in Section H.4.b requiring the facility to take appropriate remedial measures to include consideration to prohibit further contact with inmates when contractors or volunteers violate the sexual abuse or sexual harassment policy.

The PREA Coordinator confirmed the policy regarding volunteers or contractors. There were no volunteers working at the facility resulting in no violations by volunteers. There have not been any violations by contractors during the last twelve months.

Conclusions:

Provisions (a) and (b) are defined in policy and confirmed by staff interview. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Policy #301 – Rules and Discipline

Inmate Handbook

Interviews:

PREA Coordinator

Correctional Supervisors

Findings:

Policy #411 Section H.5.a defines disciplinary sanctions for inmates for engaging in inmate-on-inmate sexual abuse or following a criminal finding of guilty as required in provision (a). Section H.5.b requires the disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed as defined in provision (b). Provision (c) and (d) is defined in H.5.c requiring consideration to the inmate's mental disabilities or mental illness to be considered in determining types of sanctions. Provision (e) is defined in H.5. d that the facility may discipline an inmate for sexual contact with staff only upon finding the staff member did not consent to sexual contact. Provision (f) is defined in H.5. e stating for disciplinary action, reports made in good faith based on a reasonable belief that the incident occurred shall not constitute falsely reporting an incident.

Interviews with staff demonstrated how the disciplinary process is utilized in the facility and what types of disciplinary reports have been used. A review of the recent disciplinary charges did not include any charges for false reporting.

The inmate handbook contains information about the disciplinary process and lists all potential violations.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f) and (g) are defined in policy and inmate handbook. Interviews with staff and a review of disciplinary reports confirm the process. Based upon the review and analysis of all available evidence Donald W Wyatt Detention Facility is found in compliance with standard 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Mental Health Logs
Inmate Handbook

Interviews:

PREA Coordinator

Classification Staff

Medical and Mental Health Staff

Random and Targeted Inmates

Findings:

Policy #411 Section I.1.a requires the Health Services Administrator (HSA) to ensure that inmates who experienced prior sexual victimization, to be offered follow-up medical or mental health services within fourteen days of the intake screening. This meets the requirements in provision (a) and (c). Provision (b) is required in Section I.1.b instructing the HSA to ensure when indicated on intake screening, that an inmate had a prior sexual abuse, they are seen by a mental health practitioner within fourteen days from the screening. Provision (d) is required by Section I.1. d requiring confidentiality of health services delivered to inmates to medical and mental health staff and others, as necessary. Provision (e) is defined in Section I.1. d requires medical and mental health practitioners to obtain informed consent from inmates prior to reporting information about prior sexual victimizations that did not occur in the facility.

Interviews with medical and mental health staff confirm inmates are seen prior to fourteen days of intake screening if they have a history of any type of sexual victimization. Mental logs confirm the appointments are completed before the fourteenth day. Interviews with inmates further document they are seen promptly by both medical and mental health staff. Review of health records confirm there are release of medical records signed by inmates. Information about health services and patient confidentiality are included in the inmate handbook.

Conclusions:

Provisions (a)(b)(c)(d)(e) are defined in policy, staff, and inmate interviews. Further documentation was found in the inmate handbook, medical records, and logs. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
 Medical Records
 Inmate Handbook

Interviews:

PREA Coordinator
 Shift Commanders
 Medical and Mental Health Supervisor
 Random Staff Interviews
 Random Inmate Interviews

Findings:

Provision(a) is defined in Policy #411 I.2.a. which require victims shall have timely, unimpeded access to emergency medical treatment and crisis intervention services. These services are determined by medical and mental health practitioner according to their professional judgement. Provision (b) is documented in Policy #411 I.2.b. which defines the process for obtaining health care services if no medical/mental health providers are on duty at the time of the incident. In that case, the shift commander would notify the Health Services Administrator. Policy #411 I.2.c. requires the Health Services Administrator to ensure victims are offered timely information and access to emergency contraception and other prophylaxis medications as appropriate and meet the requirements of Provision (c). Provision (d) is defined in Policy #411 I.2.d. requiring treatment services to be provided without cost to victims.

The inmate handbook provides further documentation that health care services are available twenty-four hours daily and all inmates have unimpeded access to services. The handbook also states there are no charges for any emergency services to include those provided to victims.

Interviews with the Medical and Mental Health Supervisors validated the process for accessing health services and these types of services would be provided without financial cost to the inmate. The PREA Coordinator confirmed the information in the handbook and the process to access health services. The shift commanders and staff interview clearly articulated the process for obtaining emergency health services for the inmates. Interviews with inmates supported that they had access to health services including both medical and mental health services. They also stated services are provided timely and unimpeded.

There were no victims requiring community-based services during the last year however, records of other medical services obtained were documented with medical records which confirmed the ongoing relationship with the community health hospital.

Conclusions:

Provisions (a)(b)(c) and (d) are clearly defined in policy and the inmate handbook. The process was confirmed through interviews with shift commanders, health care staff, random staff, and inmates. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Medical Administrator
Mental Health Administrator
Random Staff Interviews

Random and Targeted Inmates

Findings:

Policy #411 I.3. defines the ongoing medical and mental health care for sexual abuse victims and abusers. Provision (a) is defined in I.3.a with health care services required to be offered to inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. Provision (b) is defined in I.3.b and requires the evaluation and treatment of such victims to include follow-up plans, referrals of continued care as inmates leave the facility. I.3.c requires the Health Services Administrator to ensure victims are provided with medical and mental health services consistent with community standards and meet provision (c). Provisions (d) and (e) are defined in I.3.d. providing inmates with pregnancy testing and prenatal care if necessary. I.3.e requires victims to be offered testing for sexual transmitted disease as medically appropriate and meet the requirements in provision (f). Provision (g) is defined in I.3.f which prohibits victims from any costs associated with the sexual abuse or assault regardless of if the victim cooperates with any investigations. Provision (h) is defined in I.3.g which requires the Health Services Administrator to refer all known inmate on inmate abuse for a mental health evaluation within sixty days of learning about their history. The HSA must also ensure appropriate treatment is offered when appropriate by mental health staff.

Interviews with PREA Coordinator, Health Services Administrator and Mental Health Supervisor confirm health services are consistent with community-based services and all victims of sexual abuse are offered services. Staff interviews demonstrated their understand of the requirements for health services to offered to all victims for both medical and mental health services. Staff described the referral process for those services. Inmate articulated during interviews that health services were accessible.

There were no victims requiring community-based services during the last year however, records of other medical services obtained were documented with medical records which confirmed the ongoing relationship with the community health hospital.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f)(g)(h) were documented by policy and interviews with staff and inmates. Medical records were reviewed for documentation of existing services even though they were not medical evaluations of victims demonstrating the availability and ongoing relationship with community-based health care. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Interviews:

PREA Coordinator
Staff on Incident Review Team
Medical and Mental Health Staff
Security Commanders

Findings:

Policy #411 J.1. defines the sexual abuse incident reviews process, defines the membership to participate and requires reviews are completed within thirty days of the conclusion of the investigation. Specifically, J.1.a requires the PREA Coordinator to conduct the incident review which meets provisions (a) and (b). Provision (c) and (d) is defined in J.1.b. designating upper-level management and PSU staff with input from security supervisors, mental health, or medical practitioners. Provision (e) is outlined in J.1.c. i-vii.

Sexual abuse incident reviews were conducted on all substantiated and unsubstantiated investigations during the last three years. During the onsite audit, records were audited and found to contain the incident reviews. The documentation of each review was very thorough containing all the necessary information and were completed within the thirty-day required timeframe. The reviews follow the policy and clearly document all factors which are required to be considered. The reviews did not recommend any corrective actions for the current year.

Interviews with the PREA Coordinator, supervisory staff, investigator, medical and mental health staff confirmed their involvement in the process. Their comments were that the process is thorough, and all factors are considered when making final determination of any actions that might be necessary.

Conclusions:

Provisions (a)(b)(c)(d) and (e) are defined in policy with clear implementation of the sexual abuse incident reviews. Interviews with staff and records audited documented the reviews are timely and complete. Based upon the review and analysis of all evidence, Donald W. Wyatt Detention Facility is found in compliance with standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

Website

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Annual Reports

Interviews:

PREA Coordinator

Findings:

Provisions (a)(b)(c)(d) are outlined in Policy #411 J.2.a through e. Provision (a)(c) are specifically addressed in the section 411.5 Definitions which assures all data collected is defined in a consistent way. Policy requires the

Professional Standards Unit (PSU) to collect accurate uniform data for every allegation. PSU aggregates the data at least annually and provides the information on the recent version of the Survey of Sexual Violence. The PREA coordinator manages the data for inclusions in annual reports. There have not been any requests from the Department of Justice however, the annual reports are provided ICE since the facility holds ICE inmates.

Provision (e) is not applicable because there are no contracts with any private facilities for confinement of its inmates.

Conclusions:

Provisions (a)(b)(c)(d) and (f) were documented in policy, review of annual reports and interview with the PREA Coordinator. Provision (e) is not applicable since there are no contract facilities. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention
Annual Reports
Website Review

Interviews:

PREA Coordinator
Facility Commanders
Warden

Findings:

Provisions (a)(b)(c) and (d) are defined in Policy #411 J.3.a - d. The policy requires the PREA Coordinator to review the collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The assessment including the identification of problem areas, taking corrective actions on an ongoing basis and preparing an annual report of the findings and corrective actions. The report shall include a comparison of the current year's data with those from prior years. The report is forwarded to the Warden prior to being published on the facility website available to the public. The policy requires materials may be redacted if it poses a clear and specific threat to the safety and security of the facility. However, if material has been redacted, the nature of the materials will be discussed in the report. material being redacted.

The PREA Coordinator and Warden indicate they review the data regularly with the management team looking for any trends. The 2020 annual reports have comparison data for years 2018, 2019 and 2020 and identify problem areas and any needed corrective actions. When the annual report is finalized, it is published on the website at <http://www.wyattdetention.com/About-Us/PREA-Annual-Reports>.

The website was reviewed, and the reports were easy to find and read. There were several years available.

Conclusions:

Provisions (a)(b)(c) and (d) were demonstrated in policy, review of annual reports and interviews with staff. The website was also reviewed to assure reports were obtainable to the public. Based upon the review and analysis of all available evidence, Donald W. Wyatt Detention Facility is found in compliance with standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Policy #411 – Sexual Abuse and Sexual Harassment – Prevention and Intervention

Policy #609 – Management Philosophy and Goals and Internal Regulations

Interviews:
PREA Coordinator

Findings:

Policy #411 J.4. (a)(b) require data collected will be securely retained, and sexual abuse data is retained for at least ten years. Policy #609 J.1 further defines the retention schedule for facility documents. All areas of the facility are listed in the policy. Internal affairs records are kept indefinitely which includes all cases associated with sexual abuse, sexual assault, or sexual misconduct. The records could include incident reports, investigative reports, inmate information case disposition, medical or mental health evaluations that were obtained during investigations. All records are secured through an electronic system with access granted to certain users. Access is password protected. This information was confirmed by the PREA coordinator.

Conclusions:

Provisions (a)(b)(c) were demonstrated by policy, review of documents and interviews with staff. Based upon the review and analysis of all available evidence, Donald W Wyatt Detention Facility is found in compliance with standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:
Final PREA Audit Report – December 1, 2017

Interviews:
PREA Coordinator

Findings:
Donald W Wyatt Detention Facility was audited for the first time in September 2014 for PREA compliance. The second audit was in October 2017 with the final report dated December 1, 2017. Both audits found the facility to be in compliance with all standards. This facility is the only one operated by Central Falls Detention Facility Corporation. The auditor was given full access to the Facility and were able to observe all areas. All records and any other needed documents were readily available, and copies were quickly provided when needed. All staff and inmate interviews were conducted in private settings.

This audit was originally scheduled for November 2020 however due to travel restrictions related to the COVID pandemic and then a COVID outbreak, the audit was postponed until February 2021.

Conclusions:
Based upon the review and analysis of the last audit report and completion of the current audit, Donald W Wyatt Detention Facility is found in compliance with standard 115.401.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Final PREA Audit Report – December 1, 2017

Findings:

Donald W Wyatt Detention Facility was audited for the first time in September 2014 for PREA compliance. The second audit was in October 2017 with the final report dated December 1, 2017. Both audits found the facility to be in compliance with all standards. The reports are available on the website.

This audit was originally scheduled for November 2020 however due to travel restrictions related to the COVID pandemic and then a COVID outbreak, the audit was postponed until February 2021.

Conclusion:

Based upon the review and analysis of the website, last audit report and completion of the current audit, Donald W Wyatt is found in compliance with standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Joan Shoemaker

June 20, 2021

Auditor Signature

Date

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

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