

# PREA Facility Audit Report: Final

**Name of Facility:** Uinta County Detention Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 03/13/2021

**Date Final Report Submitted:** 04/01/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Carrie Patricia Stanley	<b>Date of Signature:</b> 04/01/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Stanley, Carrie
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<b>Start Date of On-Site Audit:</b>	01/25/2021
<b>End Date of On-Site Audit:</b>	01/27/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Uinta County Detention Center
<b>Facility physical address:</b>	77 County Road 109, Evanston, Wyoming - 82930
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Sgt Joshua Rasnake
<b>Email Address:</b>	jorasnake@uintacounty.com
<b>Telephone Number:</b>	307-783-1000

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Douglas Matthews
<b>Email Address:</b>	domatthews@uintacounty.com
<b>Telephone Number:</b>	3077831000

<b>Facility PREA Compliance Manager</b>	
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	80
<b>Current population of facility:</b>	31
<b>Average daily population for the past 12 months:</b>	44
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18 to 73
<b>Facility security levels/inmate custody levels:</b>	2
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	17
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Uinta County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	77 County Road 109, Evanston, Wyoming - 82930
<b>Mailing Address:</b>	
<b>Telephone number:</b>	3077831000

Agency Chief Executive Officer Information:	
<b>Name:</b>	Douglas Matthews
<b>Email Address:</b>	domatthews@uintacounty.com
<b>Telephone Number:</b>	3077831000

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Joshua Rasnake	<b>Email Address:</b>	jorasnake@uintacounty.com

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

### NARRATIVE

The Prison Rape Elimination Act (PREA) onsite audit of the Uinta County Detention Center (UCDC) in Evanston, WY was conducted on January 25, 26, and 27, 2021 by Carrie Stanley, from Denver, CO, a U.S. Department of Justice Certified PREA Auditor for adult facilities, a single auditor. UCDC is the one detention center of the Uinta County Sheriff Office (NCSO). This is the first PREA audit of the UCDC. This auditor was contacted directly from the UCDC PREA Coordinator to secure a contract. The UCDC PREA Coordinator contacted this auditor from the PREA Resource Center website contact an auditor form. This auditor was first contacted by UCDC PREA Coordinator in June 2020. After agreeing to this auditor's status as a probationary certified auditor, an initial phone conversation was scheduled for November 2, 2020 with the PREA Coordinator and several staff designated as PREA Compliance Managers including three people with the rank of Sergeant and one Deputy. The contract was executed by the Chairman of the Uinta County Commissioners on December 15, 2020, and signed by the Agency Head of UCSO on December 15, 2020. This auditor was provided access to all areas of the facility with no delay upon request. There was no delay in access to individuals to be interviewed or paper/electronic records. No statements or efforts were given to this auditor to ignore or understate policies or practices that were found to be noncompliant with PREA standards. This auditor found no barriers to completing this audit were imposed by UCDC or the parent agency UCSO.

A phone meeting on November 2, 2020, was scheduled to discuss logistics, the requirement for unimpeded access to the facility, documents, staff and interviews. This auditor explained the audit process, audit purposes, the role of the auditor, and the requirements of a practice-based audit. This auditor explained policy statements are a key component in establishing compliance and that practice of the policy statements as noted through written documentation and interviews, is the critical component in establishing compliance during a practice-based audit. This auditor established timelines with the facility and noted the goal is to obtain compliance and that the facility should expect there will most likely be corrective action steps needed in order to obtain compliance and enhance practices. This auditor established timelines for the pre-onsite audit as weekly hourly phones call between this auditor and the PREA Coordinator. The PREA Coordinator was established as the primary point of contact. The audit process was discussed throughout the weekly hourly phones which began December 20, 2020. On December 21, 2020 this auditor sent, via email, the audit process map.

Audit notices were posted throughout the facility on December 23, 2020, to comply with the requirement to post the audit notices throughout the facility prior to the onsite review. Date stamped photographic evidenced was submitted five weeks prior to the audit, demonstrating the timely posting of the notices. This auditor also received an email confirming the postings were placed in the facility. The email was sent by the PREA Coordinator on December 23, 2020. The facility was requested and agreed to keep all notices posted for three weeks after the onsite review. The audit notices were posted on yellow neon

colored paper using large font with this auditor's contact information in bold type. The PREA Coordinator confirmed inmates who were limited English proficient were informed of the PREA audit prior to the onsite audit. This auditor confirmed through interviews with a limited English proficient inmate during the onsite audit the person was aware of the audit. The audit postings were placed in areas for all staff, inmates, and visitors to be made aware of the upcoming audit and with this auditor's contact information. As of the date of this report, this auditor has not received any correspondence or mail at the post office box address posted on the audit notice. This auditor reviewed the mail policy for UCDC and noted correspondence with this auditor was not listed as privileged mail. The outgoing mail policy is to review mail for any contraband and statements of harm to self or others. Should mail be addressed as legal, confidential or privileged and the address is unknown to staff, the staff will direct questions to a sergeant who then determines if the mail should be rejected. There are mail rejection protocols to inform inmates of any mail rejection. As of the date of this report, the PREA Coordinator who is also a sergeant had not received any report from staff or inmates of letters addressed to this auditor that were rejected. During the onsite audit, the PREA Coordinator and two people identified as PREA compliance managers, a sergeant and a deputy, agreed to treat any mail sent to this auditor as confidential mail.

The UCDC staff was requested to complete the Pre-Audit Questionnaire (PAQ) through the Online Audit System. The PREA Coordinator requested access to the PAQ in December 2020. This auditor requested the PAQ be completed no later than January 18, 2021. The PAQ was submitted by the PREA Coordinator the day after the onsite audit, January 29, 2021. During the weekly hourly phone calls, standards were discussed to identify gaps and missing documents. This auditor reviewed the PAQ during the writing of this report. During the weekly hourly calls,

this auditor created a clarification log which had highlighted sections in yellow of action items needing to be completed by the PREA Coordinator and this auditor. The clarification log was emailed to the PREA coordinator following the weekly calls. At the subsequent weekly calls, the PREA Coordinator and this auditor would review the action items in yellow to discuss progress and completion of those items. The responses to the clarification log were provided to this auditor verbally and through emails. This auditor discussed the tracking of inmates who were identified in the Jail Management System who were youthful, disabled, limited English proficient, or LGTBI identified inmates. Inmates are not identified in the Jail Management System with these labels.

Inmates are only temporarily housed in segregated housing. During the onsite audit there were inmates held temporarily in the segregated housing area in booking identified as two administrative segregation cells, two medical cells, and two detox cells until the booking process was completed. There is a cell identified as J-cell to house inmates who are a danger to themselves in the housing unit area of the jail referred to as a padded cell by detention staff. During the three days of the onsite audit there was one person housed in segregation. The PREA Coordinator described the efforts to house the person in an area designated as a 72-hour cell in booking that includes a day room, phone, and video phone access. The person was also housed in a multi cell unit by themselves during their stay. This auditor attempted to complete an interview with this person and the person refused to be interviewed. The person kept their head covered with a blanket when this auditor attempted to talk to them.

There were no inmates who reported sexual abuse in the last twelve months currently being housed in the UCDC. The risk screening tool had not been fully implemented as of the first day of the onsite audit. A question regarding prior sexual victimization was implemented during the booking questions, however, a list of inmates who identified as being victimized during the screening tool was not available. A list of all contract staff, including medical and mental health staff, as well as a list of religious services and support services volunteers was obtained. There were incident reports written during the twelve-month period prior to the audit, however, no incident reports were related to sexual abuse or sexual harassment. During the onsite audit, this auditor selected a sample of fourteen incident reports to review of the eight-four incidents reports in the twelve months prior to the audit. The incident reports selected for review

involved uncooperative or agitated inmates. One incident report noted an inmate with prior sexual abuse behavior being threatened by another inmate which resulted in a temporary housing change to ensure safety for all parties involved. A review of grievances resulted in two grievances related to sexual harassment. One grievance noted a sexual harassment allegation against a staff member and one grievance noted a sexual harassment allegation against an inmate from another inmate. A review of hotline calls from the PREA Coordinator resulted in no hotline calls regarding sexual abuse or sexual harassment during the twelve months preceding the audit.

During the pre-audit phase and on the PAQ the facility identified one allegation of sexual abuse. However, during the onsite audit four additional allegations were identified through documentation review for a total of 5 allegations during the twelve months prior to the audit. There were no substantiated allegations in the twelve months prior to the audit. The investigations of the 5 allegations were closed at the time of the onsite audit. There were no allegations referred for prosecution due to the investigations being determined to be unfounded or unsubstantiated. In reviewing the five allegations there were two allegations involving staff- one of sexual abuse and sexual harassment and one of sexual harassment. The investigations determined the staff-inmate allegations were unfounded. There was one allegation involving inmate-inmate sexual harassment which was unsubstantiated. There were two allegations involving inmate-inmate sexual abuse. One was unfounded and one was unsubstantiated (neither party was available for interviews due to release from custody). Two of the 5 allegations were presented as grievances. Two of the 5 allegations were reported directly to staff. The final allegation was reported to the facility by another facility when a prior inmate of UCDC reported during the booking process a prior sexual abuse at UCDC by another inmate. All allegations were investigated by detention Sergeants at UCDC. During the onsite audit, this auditor interviewed an investigator with the UCSO who provides guidance to detention Sergeants at UCDC who investigate administrative and criminal allegations. The investigator with UCSO was not aware of any allegations related to sexual abuse or sexual harassment at the UCDC during the twelve months prior to the audit.

The Executive Director of SAFV, local rape crisis center in Evanston, WY, was contacted and there were no concerns noted regarding sexual safety at UCDC. Just Detention International was contacted and responded in writing that a review of their database indicated they have not received any information regarding UCDC in the past twelve months.

An internet search of UCDC resulted in one news article being located noting a person convicted of sexual offenses was housed in the facility recently. At the time of the onsite audit the risk of sexual victimization and risk of abusiveness assessment tool was modified to add questions related to sexual offenses to determine safe housing and movement in the facility. During the interview with the PREA Coordinator and various staff, this auditor confirmed with staff they are aware of people in their custody with a history of sexual predatory behavior and regularly discuss housing assignments on a case by case basis to ensure safety for all parties involved. The lead nurse of the local emergency department at the hospital was contacted the day after the onsite audit. The person reported no concerns regarding sexual safety at UCDC and the person was unaware of any sexual abuse allegations resulting in medical care needed at the hospital.

The UCDC website does have a section on PREA related to an overview of the standards, reporting options, and contact information for questions directly to the PREA Coordinator.

A review of mandatory reporting laws in Wyoming indicated vulnerable adults (defined as adults unable to care for themselves over the age of 60 or adults with physical or mental disability) is included as well as juveniles (people under the age of 18).

The entrance briefing with the PREA Coordinator, who also serves with the rank of Sergeant, three staff identified as PREA compliance managers, two staff serving with the rank of Sergeant and one serving with the rank of Deputy, and the Chief Deputy occurred the morning of January 25, 2021. After introductions and welcoming remarks by this auditor, the discussion focused on the audit schedule and overview of the process. This auditor received a completed inmate roster and staff list at that time. On the first day of the audit, this auditor began with a facility tour including: front lobby, front office, trauma informed interview rooms, visitation room for attorneys, clergy, and mental health staff, sally port to the secure area of the facility, holding cell in the sally port, kitchen (hallway leading from the kitchen to storage that is secured unless there is staff present), booking area, property room, strip search/change out room (the entrance of the room is in full camera view), dispatch center, housing unit in booking area identified as 72-hour cell (one day room, one shower, and cells), the medical room which has two sections (small area with door that has equipment and one office with an exam table for examinations with medical staff), the laundry room, staff office, server room (communications room), control room with view of all housing units, a newly constructed room for virtual courts, an attorney visit area by the booking area being used for virtual courts and virtual attorney visits, housing units A, B, C (each with single cells) and D, E, F, G, and H (each with one day room, one shower, double occupancy cells with two bunk beds each and one toilet), two administrative segregation cells, two medical cells, two detox cells, and J-cell (single occupancy as a safe room for people at risk to harm themselves), indoor recreation area, outdoor recreation area, basement (including two stair cases, storage room, and file room), library and programming area, staff area with sergeants offices and a glass enclosure (with no lock) to house juveniles temporarily under supervision of outside staff contracted with the county's juvenile services office.

There are tablets available in housing units A, B, C, D, E, F, G, H, 72-hour cell in booking, and depending on the inmate's behavior they are also available for single cells (medical and administrative segregation) for inmates to access request forms, grievance forms, and a video on PREA for comprehensive education. When an inmate is housed in one of the detox cells they would need to request paper forms. The detox cells are used for housing generally no more than twelve hours to provide time for someone to register a zero blood alcohol level or not be under the influence of narcotics. In addition, inmates can request a paper form of the grievance and talk with staff directly through intercom speakers in their housing units and various locations throughout the jail such as the laundry room, kitchen, and library. The intercom accesses the control room and this auditor confirmed this method of communication through observation in the control room and hearing inmate and staff communication as well as utilizing the intercom system to request assistance from the lobby and indoor recreation area during the audit. Inmate files are maintained electronically in the jail management system. Paper files for inmates are secured in the basement for inmates who were housed prior to full implementation of the electronic file system. During the tour, cross gender announcements were observed from staff conducting the tour. During the tour the hotline was tested with English and Spanish instructions. Both hotline calls were recorded and resulted in an immediate email to the detention Sergeants with the recordings of both hotline tests included. This auditor reviewed the audio recordings and retained a copy of the email that is also generated during the hotline calls. There is a box labeled for correspondence that is checked daily that is accessible to inmates during meal times three times a day. The box was opened during the audit and there were no letters or forms in the box demonstrating the box is checked regularly. There is a process for indigent people to obtain letters and stamps as needed.

There were thirty-four inmates in custody on the first day of the audit. This auditor asked to observe the booking, intake, and Inmate PREA education section of a booking should there be a booking during the onsite audit. During the onsite audit the booking of two male inmates and one female inmate were

observed. One male inmate was pat searched by a male detention Sergeant and then became uncooperative during the strip search resulting in several staff members responding. Therefore, the PREA education and booking questions were postponed. The next booking of a male inmate was observed. A male detention deputy completed the pat search of the inmate. The booking assessments were then completed including updated questions for the risk of sexual victimization and risk of sexual abusiveness included in the booking assessments. The jail management system has an option for alerts when someone is at risk of victimization, when someone is at risk of abusiveness, and when someone is in custody and also is a registered sex offender. In addition, a passage was read to the inmate regarding zero tolerance of sexual misconduct, how to report sexual misconduct, and that a video regarding PREA is available on their tablets. In addition, a pamphlet was handed to the inmate with additional information regarding PREA, zero tolerance, definitions related to PREA, and reporting options was also provided. This pamphlet is available in English and Spanish. During the booking of one female inmate, a female highway patrol trooper completed the strip search after the pat down search was conducted. The female inmate was placed in a cell pending the booking process of another male inmate and therefore the assessment questions and PREA education was postponed.

This auditor introduced myself to inmates and staff during the tour. Several inmates asked if I was the auditor that was on the audit notices. The audit notices were observed to be in every housing unit, the booking area, throughout the lobby, and in several other areas throughout the jail. The shower areas were observed to have shower curtains at the front entrance. All showers are single stalls except for showers in the Sergeant's office area that have multiple shower heads. The shower in this area was observed to be used as storage with several boxes in the shower area and staff confirmed those showers are not used. The toilet areas were all observed to be inside the cells for housing units A, B, C, D, E, F, G, and H and outside of view from the day room and hallway. There were cameras in the medical and administrative segregation cells that were in full view of the toilet. The PREA coordinator noted those cameras were recently set up with the new camera system and installation of black boxes in the camera view were being installed the week of the audit. Additional camera angles in view of toilets and showers were shown to this auditor noting the installation of black boxes to ensure viewing of opposite gender staff of a person using the toilet or shower was not possible. The toilets in the detox cells have a half wall in front of them shielding the view of staff of the toilet from the door and camera view. The facility has installed many new cameras in several areas of the jail. The camera monitoring for additional supervision has been enhanced due to the additional cameras in the recreation yards, kitchen, housing units, hallways, programming areas, and court room. There are camera views of the booking area to show the door to the strip search room to ensure there is video review available to determine who enters the room. There is no camera in the room used for strip searches.

Posters labeled "No Means No" with information regarding zero tolerance, reporting options, and emotional support services were observed to be posted in English in the booking area and along the control room were several posters with information are displayed. The posters are visible to people in the housing units, however, it is noted information regarding the phone numbers and addresses available to them to report allegations of sexual misconduct and obtain emotional support services would be difficult to read from the housing units. The level of access to the information on the posters was only when the person was moving out of their housing unit.

During the tour, this auditor was introduced to one of four detention staff who speak Spanish. This staff member assisted this auditor with an interview of a person whose first language was Spanish and the staff member demonstrated the needed skill level to communicate with the inmate who had limited English proficiency.

During the tour of the facility, the investigator for the UCSO showed this auditor one of two interview rooms that have been painted with murals and furnished with comfortable furniture designed to be a room victim(s) would be more comfortable talking in than a traditional jail interview room. The investigator noted the rooms have been used to talk with female inmates from the detention center when discussing items that are sensitive in nature.

The detention deputies are scheduled on one of two shifts; either 6am-6pm (day) or 6pm-6am (night). The detention Sergeants are scheduled in a staggered manner for 10 hour shifts allowing for supervisor oversight seven days a week with coverage 18 hours a day. The jail has a rated bed capacity of 80 and averages 44 inmates a day.

This auditor conducted interviews with staff using an office located within the indoor recreation area. A list of 19 staff members assigned to the detention facility was provided to this auditor including the agency head, facility head, investigation sergeant, four detention sergeants, and 12 detention deputies (one is assigned as the court deputy and one was out on extended leave). A list of volunteers was provided to this auditor showing a total of 22 volunteers. A list of contract staff was provided to this auditor showing a total of 26 contract staff. Volunteers were randomly selected for interviews ensuring two volunteers were contacted from separate community agencies. Contract staff were selected based on their roles in the areas of nursing, mental health counseling, addiction counseling, kitchen staff, maintenance, and a doctor. A total of 11 random staff interview protocols were conducted. One of the interviews occurred over the phone. The 11 staff interviewed were scheduled for all shifts and throughout the week. Four of the 11 staff interviewed with random staff interview protocols were also detention Sergeants. One interview was conducted with the agency head, Sheriff Matthews and this occurred in his office at the UCSO. One interview was conducted with the facility head, Chief Deputy Dean and occurred in his office at the UCSO. One interview was conducted with the PREA Coordinator, Sergeant Rasnake and this occurred in the office inside the indoor recreation yard. One interview with the PREA compliance manager interview protocols was conducted with Deputy Jones in the indoor recreation office. Although, Sergeants Davis, Morrow, and Welling are also listed as PREA compliance managers they also serve in many other areas of responsibilities and therefore specialized staff interviews were conducted with them using specialized staff interview protocols as noted below. One interview was conducted with the agency contract administrator who also serves as a detention sergeant and PREA Coordinator. The four detention sergeants who conduct unannounced rounds were interviewed. One outside staff member responsible for the supervision of juveniles in the unlocked glass enclosure located in the Sergeants office area was interviewed. Three non-medical staff were interviewed regarding the use of cross-gender strip searches and visual body cavity searches. Five staff were interviewed regarding intake. Three staff were interviewed regarding classification. One local rape crisis center director was interviewed. One lead nurse from the local hospital was interviewed. Two volunteers were interviewed and six contract staff were interviewed (maintenance, kitchen, nurse, doctor, mental health, and substance use counselor). One investigator with the UCSO was interviewed. Three staff who screen for risk of victimization and risk of abusiveness were interviewed. Four staff who supervise inmates in segregated housing were interviewed. Three people responsible for completing incident reviews were interviewed. One staff member responsible for monitoring retaliation monitoring was completed. Five security first responders were interviewed. One staff member responsible for hiring was interviewed. One staff member responsible for training all staff, volunteers, and contractors was interviewed. One staff member responsible for processing mail was interviewed. One person responsible for supervising inmates working the kitchen was interviewed. One staff member responsible for processing grievances was interviewed. There were no IT staff available to interview as there is not a full time IT staff member assigned to the detention facility. The PREA coordinator and one PREA compliance manager completes the changes to the Jail Management System and external website as needed. This was demonstrated during the pre-

audit phase and onsite audit. Two medical staff were interviewed, one doctor and one nurse. Two mental health staff were interviewed, one mental health clinician and one addiction counselor who works with inmates in custody for residential treatment for addiction. One staff member responsible for inmate discipline hearings was interviewed. One maintenance staff was interviewed. One staff member responsible for the direction of volunteers and contract staff was interviewed. In total- 11 random staff were interviewed and 56 specialized staff interview protocols were used among a total of 24 staff, volunteers, contractors, and community advocates and medical staff. In addition, the agency head and facility head staff were interviewed using the interview protocols for their position.

The Auditor conducted interviews with the following agency leadership (the Agency Head and Facility Head were not included in the totals below. The PREA Coordinator and PREA Compliance Manager were also interviewed with random staff protocols as well as specialized staff protocols given the numerous areas of responsibility they have):

Sheriff Matthews, Agency Head

Chief Deputy Dean, Facility Head

Sergeant Rasnake, PREA Coordinator

Deputy Jones, PREA Compliance Manager

The Auditor conducted the following number of staff interviews during the onsite phase of the audit:

Random Staff (Total) = 11

Specialized Staff\* (Total) = 15

Total Staff Interviewed = 24

The breakdown of the specialized staff interviews is as follows:

- Agency contract administrator (1)
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (4)
- Line staff who supervise youthful inmates (1)
- Education staff who work with youthful inmates (0)
- Program staff who work with youthful inmates (0)
- Medical staff (2)
- Mental health staff (2)
- Non-Medical staff involved in cross-gender strip or visual searches (3)
- Administrative (human resources) staff (1)
- SAFE and SANE staff (2)

- Volunteers who have contact with inmates (2)
- Contractors who have contact with inmates (6)
- Investigative staff – Criminal investigations (agency level) (1)
- Investigative staff – Administrative investigations (facility level) (1)
- Staff who perform screening for risk of victimization and abusiveness (3)
- Staff who supervise inmates in segregated housing (4)
- Staff on the sexual abuse incident review team (3)
- Designated staff member charged with monitoring retaliation (1)
- First responders, security staff (5)
- First responders, non-security staff (0)
- Intake staff (4)
- Classification staff (3)
- Mailroom staff (1)
- Food services staff supervising inmates (1)
- Staff responsible for training (1)
- Grievance staff (1)
- Inmate Disciplinary Hearing staff (1)
- Maintenance staff (1)
- Staff member responsible for volunteers and contractors (1)
- IT staff (0)

Total specialized staff interviews\* = 56

\*Note: The staff interviewed were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the table above exceeds the number of specialized staff interviewed.

This auditor attempted to interview twelve inmates utilizing the visit room for attorneys, clergy, and counseling as this was the most private area available. The room did not have a camera and this auditor was on one of a solid mesh partition and the inmates sat on the opposite side. One inmate refused to talk with this auditor. This auditor went to the cell the person was housed in which was a single administrative segregation cell. The person would not respond to this auditor or detention staff after several attempts and after informing the person this auditor wanted to ask questions related to sexual safety. One interview was conducted with an inmate being housed in a housing area by themselves due to concerns

related to her mental health. The inmate reported feeling safe by staying on her bunk in her housing area. This auditor spoke with the inmate from the door to the cell while the inmate remained seated on her bunk. Ten inmates were interviewed using the visit room and 11 inmates were interviewed. Two inmates were identified as having mental health related disabilities which caused concern for their ability to understand the measures in place for their sexual safety. One inmate was identified as reporting prior sexual victimization during booking. One inmate identified as LGBTQ during the interview. One inmate was identified as having limited English proficiency. In total- 6 random inmate interviews were completed, 5 targeted inmate interviews were completed, and one inmate refused to be interviewed.

The Auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Random Inmates (Total) = 6

Targeted Inmates (Total) = 5

Total Inmates Interviewed = 11

The breakdown of the number of targeted inmate interviews is as follows:

- Youthful Inmates (0 identified – 0 interviewed)
- Inmates with a Physical Disability (0 identified – 0 interviewed)
- Inmates who are Blind, Deaf, or Hard of Hearing (0 identified – 0 interviewed)
- Inmates who are LEP (2 identified – 1 interviewed)
- Inmates with a Cognitive Disability/Mental Health Disability (3 identified – 2 interviewed)
- Inmates who Identify as Lesbian, Gay, or Bisexual (1 identified – 1 interviewed)
- Inmates who Identify as Transgender or Intersex (0 identified – 0 interviewed)
- Inmates in Segregated Housing for High Risk of Sexual Victimization (0 identified – 0 interviewed)
- Inmates Who Reported Sexual Abuse (0 identified – 0 interviewed)
- Inmates Who Reported Sexual Victimization During Risk Screening (1 identified – 1 interviewed)

The electronic files of eight inmates were reviewed. One inmate reported they were strip searched by a cross gender staff member. The person's file was reviewed showing the same gender staff conducted the strip search. In addition, the camera footage of the booking confirmed the same gender staff member noted in her file was also seen going into the strip search room with the inmate. The selection of inmate files included a selection from recent bookings and bookings in the summer and fall of 2020 in addition to a selection of inmate files from the inmates interviewed during the audit. There were five investigation files were viewed. Six personnel files were viewed including the most recent detention deputy assigned to the facility in 2020, as well as staff assigned to the facility starting in 1992, 2005, 2008, 2009, and 2018. In addition, a staff member involved with an allegation of sexual abuse was also selected for review. Two volunteer files were reviewed. Background investigations for 48 volunteers and contractors were reviewed from a table showing the organization had dates for all PREA training and background checks to ensure training and background checks were conducted annually for all volunteers and contractors. Training records for 16 detention staff were reviewed. However, the training records were a sign in sheet without an indication the trainees understood the training. There were no medical or mental health files

reviewed as the inmate who identified prior sexual victimization declined mental health and medical care. There were no allegations of sexual abuse resulting in injury or substantiation requiring medical and mental health ongoing assistance. The facility staff provided a list of all grievances submitted in the twelve months prior to the audit. There were a total of 130 grievances. This auditor selected a sample of ten grievances including any grievance related to staff. The five allegations of sexual abuse and sexual harassment were reviewed utilizing a variety of internal investigation reports, jail management system documentation, grievances, incident reviews, emails, and inmate discipline files.

The exit conference was conducted mid-morning on the third day of the onsite audit. The Agency Head, Facility Head, PREA Coordinator, and three of the staff members designated as PREA compliance managers (two Sergeants and one Deputy) were present for the exit conference. This auditor noted a theme of trust throughout the audit with both staff and inmates relying on detention Sergeants to follow up on any concerns by deputies or inmates. In general, inmates verbalized feeling safe in the facility. In addition, collaboration amongst community partners and the detention staff were also noted among medical, mental health, victim advocacy representatives, and volunteers all in order to ensure safety of staff and people incarcerated at the UCDC.

This auditor reported several corrective action steps that were evident following the onsite audit and commitment from the Agency Head, Facility Head and PREA Coordinator was verbalized to ensure corrective actions steps would be taken to achieve full compliance with the PREA standards and ensure sexual safety was a priority in the jail.

#### CORRECTIVE ACTIONS TAKEN TO ACHIEVE FULL COMPLIANCE

The Interim Compliance Report reflected there were 3 standards that were not compliant at the Uinta County Detention Center (UCDC). Therefore, a required corrective action period not to exceed 180 days began on March 6, 2021. This Auditor conducted weekly meetings for two weeks with the PREA Coordinator to discuss corrective action milestones and deliverables. Two of the three standards requiring corrective action steps involved specialized training and the PREA Coordinator set a goal to have the training completed by the end of March 2021. This Auditor recommended corrective actions for the facility and the administration agreed and began immediate corrections of those standards found to not be compliant. UCDC completed the required corrective actions requested by this Auditor to bring the facility into full compliance with the PREA standards. Initial documentation of the corrective action was received by this Auditor on March 29, 2021.

This Auditor reviewed the submitted documentation to determine if full compliance was achieved. In addition to the submitted documentation, this auditor conducted a follow up interview with investigative staff to determine compliance with the standards. A summary of the evidentiary basis for determining full compliance is discussed within each standard that was originally noncompliant. When relevant, a discussion regarding verification of continued compliance is within the standard discussion. As a result of successful corrective action, this Auditor determined that the UCDC has achieved full compliance with the PREA standards as of the date of this final report. The summary of compliance based upon this final report is found below.

Overall Compliance- Final Compliance Report:

Total Standards: 45

Number of Standards Exceeded: 4

Corresponding Standard Number(s)- 115.11; 115.18; 115.65; 115.82

Number of Standards Met: 41

Corresponding Standard Number(s)- 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 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; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77;  
115.78; 115.81; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

The Uinta County Detention Center is operated through the parent agency Uinta County Sheriff

Office and is located at 77 County Road 109, Evanston, WY 82930. The mission statement of the facility is "To advance the quality of a wide range of services to all citizens by exercising ingenuity, integrity, and accountability in striving for solutions for individual and community demands through the wise and efficient use of public funds, equipment, and available resources; and, to further a strong coordinated work effort that sustains a proper balances of priorities combined with adhering to the letter and spirit of the law which promotes confidence, liberty, and community solidarity." Evanston, WY is also home to the state of Wyoming's only state hospital for serving severely and persistently mental ill people. The Uinta County Detention Center was built in 1990. The facility also houses the administrative offices of the Sheriff Department. The rated capacity for the facility is eighty beds and there were thirty-four inmates housed on the first day of the onsite audit. There were 1174 inmates housed at the facility in the last year of which 172 inmates stayed 30 days or longer and 379 inmates were housed for

72 hours or longer. The average daily population in the twelve months before the audit was 44 inmates. The age range of inmates for the last year is 18-73 years of age. There is one building. The facility houses both male and female inmates. The facility houses juveniles temporarily outside of the secure area of the jail ensuring sight and sound separation from adult inmates at all times. Juveniles are housed in an unlock glass enclosure in the area of the Sergeants offices and supervision is maintained by the county's juvenile services and contract staff hired through the county attorney's office. In the twelve months prior to the audit there was one juvenile housed at the facility for less approximately seventeen hours.

The UCDC staff roster was provided and there is one Agency Head, one Facility Head serving in the rank of Chief Deputy, four detention sergeants, and twelve detention deputies. There are additional UCSO staff with offices in the unsecured area of the building including office staff, victim witness coordinator, investigations sergeant, and dispatch personnel. There are 22 volunteers and 26 contract staff. The 22 volunteers have not had access to the facility since March of 2020 due to the global pandemic. There are 9 units with multi-occupancy- 8 in the housing unit section of the jail and one multi-occupancy unit in the booking area that has a day room. In addition, there is one temporary holding cell by the sally port for booking. There are 7 cells for single use- two for medical use, two for administrative segregation, two for detox, and one for use if someone is at risk of harming themselves. There are no open bay dorms at the facility. There facility has indirect supervision with staff completing regular rounds in the housing units and video monitoring. The facility has two classification levels and determines housing on an individual case by case basis. The facility does have medical care through contracted doctors and nurses. The facility contracts for kitchen services and has two contract kitchen staff. Meal times are 7-8am, 12pm-1pm, 5pm-6pm. All inmates are required to be in their cells between 10pm-6am. The laundry facilities are on site and located in a secured hallway. Visitors enter the facility through the lobby and there is one on site visit room that is used for attorneys, clergy, and counselors. All other visits are conducted remotely through a video visitation system available to inmates on video kiosks in their housing units or on tablets. There are

religious services and support services provided by volunteers who visit the facility regularly and meet with inmates in the library. The religious and support services were suspended due to the global pandemic in March 2020. The library in the facility is a single room with books, a table, and a computer. There is an outdoor recreation yard which is secured through high walls and fencing covering the top of the yard. There is an indoor recreation area which has gym equipment for the inmates to utilize. Recreation and library utilization are offered to housing units on a rotating basis. Female inmates are allowed to utilize programming areas at the same rate as male inmates. There is a medical room used for doctor and nurse visits. One of the detention deputies is designated as the medical deputy and all requests for doctor, nurse, and mental health services are forwarded to the medical deputy who then submits the request to the contract staff.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

Overall, the interviews of inmates reflected they were aware of and understood the PREA protections and the agency's zero tolerance policy. Inmates receive a written pamphlet at intake to provide detailed information about PREA protections, the multiple ways to report sexual abuse and sexual harassment and ways to protect themselves from abuse. Inmates were able to report to this auditor who they would report to and what they would do if they were sexually abused. Inmates consistently reported they felt safe in the facility.

Overall, facility staff reported receiving PREA training and could articulate the agency's zero tolerance policy. Staff were knowledgeable about their roles and responsibilities in the prevention, detection, and response to sexual abuse and sexual harassment, particularly in the area of first responder duties.

Specialized training for investigations, medical and mental health staff were needed in order to determine compliance. The training was completed timely and through National Institute of Corrections online training and completed for the majority of staff assigned to specialized roles for investigations, medical and mental health care.

In summary, after reviewing all pertinent information and after conducting inmate and staff interviews, this auditor found the agency leadership to hold sexual safety as a high priority for the facility.

There are a total of 45 standards. Most standards have between 1-10 subsections. To achieve compliance on any given standard, the facility must achieve 100% compliance with each and every subsection within the standard.

Overall Compliance:

Total Standards: 45 Corresponding Standard Number(s)

Number of Standards Exceeded: 4

Number of Standards Met: 41

Number of Standards Not Met: 0

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. UCSO Detention Center Policy III 500- Inmate Sexual Contact</li> <li>3. UCSO Detention Center Job Description for Detention Sergeant Title 2 Chapter 7</li> <li>4. UCSO Detention Center Job Description for Detention Deputy Title 2 Chapter 12</li> <li>5. UCSO Detention Center Policy IV-100 Surveillance</li> <li>6. UCSO Organizational Chart</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Manager</li> </ol> <p>Findings (By Subsection):</p> <p>(a) The Uinta County Detention Center (UCDC) has implemented a zero tolerance policy as outlined in Policy III 500 Inmate Sexual Contact. The policy comprehensively outlines the facilities approach to prevent, detect, and respond to allegations. The policy contains necessary definitions, hiring and promotional decisions, training for staff and inmates, risk assessment, and sanctions as evidence of action steps to prevent sexual abuse and sexual harassment. Policy III 500 includes inmate, staff, and third party reporting as evidence of action steps to detect sexual abuse and sexual harassment. The job description for detention sergeants (Title 2 Chapter 7) requires unannounced rounds to review elements of sexual safety as a method to detect sexual abuse and sexual harassment. The camera placement was reviewed to detect sexual abuse and sexual harassment according to interviews with the PREA Coordinator and PREA compliance manager. The additional camera installation was determined necessary in order to monitor the facility visually for safety. The Detention deputy job description Title 2 Chapter 12 lists the responsibility of ensuring a safe facility with the detention deputy. Policy IV-100 Surveillance- requires 24 hour surveillance either through direct visualization of inmates or visualization through video in order to ensure inmates are safe. The Surveillance policy also outlines specific areas of concern and behavior that may indicate a need for further investigation. Policy III 500 Inmate Sexual Contact outlines response methods for protection of all parties involved, medical and mental health services, emotional support services, incident review, and retaliation monitoring. The facility is compliant with this subsection.</p> <p>(b) The facility has designated a PREA Coordinator, Sergeant Rasnake. The PREA Coordinator reports to Chief Deputy Dean. Sergeant Rasnake indicated he has sufficient time and authority to develop, implement, and oversee the facility efforts towards PREA compliance. The facility organization chart does list Sergeant Rasnake as PREA Coordinator. During the interview with</p>

PREA Coordinator Sgt. Rasnake reported he was designated PREA Coordinator in the spring of 2020. He has been employed with UCSO for 16 years and has been a Sergeant for 3 years. During the interview with Sgt. Rasnake described his duties as PREA Coordinator to develop, implement, and oversee facility efforts to comply with the PREA standards and noted he has sufficient time for the PREA related duties. The facility is compliant with this subsection.

(c) The agency operates only one facility, however, there are several staff designated with responsibilities related to PREA compliance management in order to assist the PREA coordinator. Deputy Jones as well as all Sergeants were designated to assist with PREA responsibilities. Deputy Jones is listed on the organization chart as the PREA Compliance Manager. During the interview with Deputy Jones she described specifics areas of responsibility related to training for PREA and policy revisions. The facility is exceeding the requirements in this subsection due to assigning a specific staff as the PREA Compliance Manager, listing her on the organization chart, assigning duties for PREA duties to all detention sergeants, and requiring additional staff to attend pre-audit phone meetings, onsite audit briefing, every day of the onsite audit, and the exit briefing.

The facility is exceeding this standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 836 360">Evidence Reviewed (documents, interviews):</p> <ol data-bbox="252 400 927 801" style="list-style-type: none"> <li data-bbox="252 400 927 434">1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> <li data-bbox="252 474 852 508">2. Policy III-500 Inmate Sexual Contact (pg. 4)</li> <li data-bbox="252 548 655 582">3. Interviews with the following: <ol data-bbox="252 622 858 801" style="list-style-type: none"> <li data-bbox="252 622 523 656">a. PREA Coordinator</li> <li data-bbox="252 696 858 730">b. Agency Contract Administrator/Facility Head</li> <li data-bbox="252 770 459 804">c. Agency Head</li> </ol> </li> </ol> <p data-bbox="252 842 587 875">Findings (By Subsection):</p> <p data-bbox="252 916 1485 1547">(a) The PAQ listed several contracts for UCDC to house inmates for Wyoming DOC, Wyoming Field Services Probation and Parole, and the US Marshalls. The Wyoming Field Services Probation and Parole contract requires UCDC to comply with PREA standards. The standard requires UCDC, as a public entity, to include in any new contract or contract renewal the entity's obligation to adopt and comply with PREA standards. During pre-audit communications with the PREA Coordinator it was reported the only contract UCDC has for confinement of its inmates is with Sweetwater County Sheriff Office and only for juvenile offenders from Uinta County. The contract was received and reviewed during the pre-audit phase. The requirement for Sweetwater County Detention Center to comply with PREA standards while confining Uinta County juvenile inmates was not listed in the contract renewal dated 2015. Policy III-500 (pg. 4) requires any new contract or contract renewal for confinement of inmates to include the entity's obligation to adopt and comply with the PREA standards. During the post audit phase, the Uinta County Sheriff terminated the contract with Sweetwater County Detention Center for the confinement of juvenile inmates. A letter was received by this auditor on March 3, 2021, confirming the termination of the contract. Therefore, this provision is not applicable.</p> <p data-bbox="252 1588 1481 2136">(b) During the interview with the PREA Coordinator and the Facility Head or also serves as the Agency Contract Administrator, they both confirmed the only contract for confinement since 2012, has been with Sweetwater County Sheriff Office to house juvenile inmates in the Sweetwater County Detention Center. The PREA Coordinator reported the decision making authority for confinement of juveniles belongs to the County Attorney of Uinta County and therefore, the UCDC does not have the authority to decide on the location of the juvenile's confinement. During the interview with the Agency Head, he reported he would discuss the contract with the Uinta County Attorney and the Sweetwater County Sheriff to discuss compliance with PREA standards. UCDC policy III-500 (pg. 4) requires any new contract or contract renewal to include contract agency monitoring to ensure the contractor is complying with PREA standards. During the post audit phase, the Uinta County Sheriff terminated the contract with Sweetwater County Detention Center to confinement juvenile inmates for Uinta County. Therefore, this provision is not applicable.</p>

UCDC is compliant with this standard.

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. UCDC PREA Staffing Plan</li> <li>3. UCDC VI-900 Jail Records Policy</li> <li>4. UCDC Detention Sergeant job description Section 2-7-32</li> <li>5. UCDC III-500 Inmate Sexual Contact (pg. 4)</li> <li>6. Unannounced rounds log for January 2021</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Facility Head</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager</li> <li>d. Intermediate or Higher Level Facility Staff</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Onsite review of housing areas and program area of the facility</li> <li>2. Onsite demonstration of the Jail Management System and how Supervisor Rounds are documented</li> </ol> <p>The PAQ from the facility indicated an average daily population of 44. The Jail Management System provides a record of all inmates booked into custody in the last twelve months, calculates an average length of stay for all inmates, and provides the average daily population of 44 for the twelve months preceding the audit. The following staffing plan analysis is based off of an average daily population of 44.</p> <p>Findings (by subsection):</p> <p>(a) The agency has developed a PREA staffing plan for the facility. The staffing plan includes inmate to staff ratio for every shift and is within generally accepted detention practices. In addition, the staff plan ensures there is not a deputy at the facility by themselves on a shift, including the night shift. The staffing plan also notes there are not judicial findings of inadequacy, no findings of inadequacy from Federal investigative agencies, and no findings of inadequacy from internal or external oversight bodies. There is a lengthy review of the physical plant including an analysis of all cameras. The review also considers which cameras are recording. During the onsite audit there was evidence of additional camera installation occurring in an area of the jail noted in the staffing plan analysis that a camera was not present. This is evidence the detention staff are considering blind spots and making steps to ensure adequate camera coverage of areas of the jail that may be a concern. The staffing plan all considers the composition of the inmate population including age ranges and gender based consideration. The staffing plan discussions the number and placement of supervisory staff and the staggered schedules of the detention sergeants to ensure coverage eighteen</p>

hours a day. The staffing plan considers program schedules, locations, and who is conducting the programming. The staffing plan notes there are no applicable state or local laws, regulations, or standards to consider. The staffing plan notes consideration will be given to the staffing plan regarding the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The staffing plan also notes other relevant factors will be considered at the annual review. The PAQ notes the staffing plan will be reviewed annually. During the interview with the facility head the staffing plan was discussed. He noted there was a prior litigation indicating a lack of supervisor was present in the facility. Although the litigation did not result in a judicial ruling, the current administration for the facility recommended additional funding from the local commissioners for cameras and the funding was denied. The current administration has a mission to make the detention center and safer and secure facility for all people. In 2020 the facility staff applied for and received funds through a federal grant to complete a camera upgrade. The facility head noted the funding will also allow for more cameras to be installed as needed. The local commission did approve an increase of the number of detention sergeants to the current level of four based on the prior litigation and claim of failing to supervise. The facility head noted the current level of four sergeants is adequate for supervision levels to ensure the facility is safe and secure. This auditor asked the facility head if the staffing plan of two deputies on shift at a time ever has a deviation. He said no and he would cover a shift if needed. He also noted the agency head is committed to the mission of a safer and secure facility and would cover a shift if needed. He noted there are also people certified as detention deputies that are on reserve status to be called in as needed. He did note there have been deviations for the sergeant's schedule due to the camera upgrade and preparing for audits. During the interview with the PREA coordinator, this auditor asked about the staffing plan. He did note there has been an effort to schedule female staff on different shifts to ensure there is as much coverage for pat down searches and strip searches as possible without needing to call in assistance from another department. The PREA Coordinator did not know of any deviations to the staffing plan of having two deputies on shift at all times. During the tour of the facility the PREA Coordinator noted the Sergeants will soon have camera review capability in their offices as well as the control room and booking room access points for video review. The PREA Coordinator noted the camera access for their offices will assist with supervision of staff. The facility is compliant with this subsection.

(b) The staffing plan is to have two detention deputies on a shift at all times and to have one supervisor on shift for eighteen hours a day. The sergeant's schedule was reviewed and confirmed the staggered schedules of the sergeants ensure eighteen hours of supervisor coverage unless there is a special project. During the tour this auditor observed two deputies on shift at all times of the audit including day and night shifts. The PREA Coordinator and Facility Head confirmed in interviews there have not been deviations to the staffing plan for deputy schedules during the twelve months prior to the audit. Therefore, this subsection is not applicable due to not have any deviations of the staffing plan to document.

(c) The PREA staffing plan was developed while preparing for this audit. The PAQ completed by the PREA Compliance Manager and PREA Coordinator did note the staffing plan will be reviewed annually. The PREA Coordinator confirmed during the onsite visit that he finalized the staffing plan and will be reviewing it annually and that he will also consider the additional video monitoring currently and in the future in order to enhance safety of the facility for staff and inmates. During interviews with the agency head, facility head, and PREA coordinator, they all discussed the request of additional staff to local commissioners to once again improve safety and security of the facility. At this time, that request has not been approved. During the completion of the staffing plan and consideration of programming locations as well as areas of

concern, blind spots have been heavily considered as noted through several interviews and during the tour the PREA coordinator discussed several areas where new cameras were being installed and several areas where new cameras had been installed. He also discussed the move from single direction cameras to cameras that allowed for more coverage, more recording, and more zoom capability. The facility is compliant with this subsection.

(d) The UCSO Sergeant job description section 2-7-32 requires all detention sergeants to conduct unannounced rounds to identify and detect staff sexual abuse and sexual harassment. The requirement includes night shifts and day shifts. For UCSO detention sergeants are intermediate level supervisors reporting to the Facility Head directly. There is a requirement to document unannounced rounds in VI-900 Jail records that all security rounds are logged in Spillman. UCDC Policy III-500 (pg. 4) lists the requirement for unannounced rounds by detention sergeants on all shifts and prohibits staff from alerting other staff or inmates of the unannounced rounds. During the onsite audit, this auditor observed how detention sergeants document unannounced rounds in the jail management system and the logs were clear and concise. Three of the four detention sergeants were interviewed during the onsite audit and reported doing regular rounds each during a ten hour shift. The physical plant of the facility is such that control room staff will know if a sergeant is entering the housing units because the staff need to open the door to the main housing unit area. During the post audit phase, unannounced round logs were received for the month of January 2021, showing at least one log entered into the jail management system for each shift including weekends and nights. For the time frame when a sergeant is not onsite, a log was received showing a camera review completed by a detention sergeant. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.14	<b>Youthful inmates</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. UCDC IV-400 Admission and Detention of Juvenile Offenders policy</li> <li>3. Contract with Sweetwater County Detention Facility for housing youthful inmates</li> <li>4. Daily population report on the first day of the audit</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Staff who supervise youthful inmates</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Onsite review of unlocked glass enclosure for youthful inmates in the Sergeant's office area</li> <li>2. Onsite review of bathroom accessible by youthful inmates in the Sergeant's office area</li> </ol> <p>The PAQ from the facility indicated the facility no longer houses youthful inmates. The PAQ noted a contract with Sweetwater County to house youthful inmates. However, during the onsite audit, it was observed and discussed that an unlocked glass enclosure was built in the area of the Sergeant's offices in order to temporarily house youthful inmates while transport was pending to the Sweetwater County detention facility or release to a guardian or youth shelter facility. Therefore, this standard was determined to be applicable to this facility.</p> <p>Findings (by subsection):</p> <p>(a) Policy IV-400 Admission and Detention of Juvenile Offenders identifies the booking process as a crisis event for a youthful inmates and requires special consideration by detention staff during this time to ensure the person is provided services in a manner that reduces anxiety. During the tour of the facility an unlocked glass enclosure was observed in the Sergeant's office area. The PREA Coordinator noted an agreement was made with the local County Attorney's office to install the glass enclosure in order to temporarily house youthful inmates while they await transport or release in the unsecured area of the jail in order to avoid the booking area of the jail. In addition, the location allows for complete sight, sound, and physical separation of adult inmates. In addition, the policy requires sight and sound separation at all times from adult inmates. The glass enclosure contains a bed, chair, TV, TV stand, DVD player, and youth appropriate movies. The bathroom the youthful inmates use is the staff bathrooms in the unsecured area in the Sergeant's office. While there are showers in those bathrooms they are not single stalls and during the tour it was observed those shower areas are only used for storage as evident by the amount of boxes in those areas. It was determined that youthful inmates do not share a day room, common space, shower area, or sleeping quarters with adult inmates. The hallway youthful inmates are brought into this area of the facility is the staff hallway from the staff parking lot. This also ensures youthful inmates</p>	

do not have contact with adult inmates in the sally port used for adult inmates or the booking area. The PREA Coordinator confirmed that youthful inmates are also not processed through the records entered into the jail management system. Instead, there is a written log for staff contracted by the County Attorney's office to document supervision and the County Attorney's office retains all records for youthful inmates. The facility daily population report during the first day of the audit revealed no youthful inmates were in custody at the time of the audit. This auditor interviewed the Youth Services Coordinator for Uinta County. He confirmed that he is responsible for ensuring supervision is provided to the youthful inmates temporarily housed at the Uinta County Detention Center in the unsecured area in the Sergeant's office area of the facility. He confirmed supervision is provided by court personnel or contract staff who are trained through the mental health services to ensure adequate training is provided to staff who supervise youthful inmates. He reported the duties mostly include watching the youthful inmate and reporting back to his office. He confirmed records are retained by his office. This auditor asked him if the youthful inmate is ever provided a shower at the facility and he said no. This auditor asked about the need to change out the youthful inmate into other clothes. He said if the youthful inmate does need to change clothes prior to transport the arresting officer or detention staff would conduct this process, however, he could not remember that it was ever done. He did confirm they have used the glass enclosure to house both male and female youthful inmates. He said the longest he can remember someone being held in this area was in 2018 and that was for four days due to court dates in Uinta County. The only person held in this area during the last twelve months was in June 2020 and they were held for seventeen hours and fifteen minutes. He was asked about the documentation showing who supervised this person. He reported the staff arrived eight minutes after being brought to the facility and stayed the night providing direct supervision until he arrived at 6am. He stayed until the person was transported to another facility. He reported his office does not request having a youthful inmate stay at the detention facility very often. He said at the most it is likely ten youthful inmates a year. He is aware of the requirement to ensure sight and sound separation. The facility is compliant with this subsection.

(b) During the interview with the PREA Coordinator he noted the youthful inmate could be escorted by detention staff to use the indoor recreation area which can be accessed through the lobby and front office area of the facility to ensure the youthful inmate would be under direct supervision and ensure the youthful inmate would still have sight and sound separation from adult inmates. He noted no other ways the inmate would be brought into the secure area of the jail or outside of their housing unit area in the Sergeant's office. During the onsite tour this auditor walked from the Sergeant's office, to the lobby, and enter the office area which has a secure door connection to the indoor recreation area and noted this would ensure sight and sound separation would be maintained for the youthful inmate. In addition, the youthful inmate would need a staff escort in order to access the secure area of the jail based on camera review and secure door access from the control room inside of the jail. The PREA Coordinator and the Youth Services Coordinator confirmed they were not aware of any time a youthful inmate has been outside of their housing area while being detained at the facility. The facility is compliant with this subsection.

(c) The one youthful inmate housed at the detention center in the twelve months prior to the audit was not in the facility for a long enough period of time to warrant accommodations for large muscle exercise or special education needs. The Youth Services Coordinator reported in 2018 when the person was housed for four days, they were transported to a community recreation center by court personnel in order to ensure they had access to large muscle

exercise and to avoid any access to the secure area of the detention facility. The Youth Services Coordinator noted they would make a similar accommodation if needed in the future. The PREA Coordinator noted the Volunteers of America organization also reviews their processes to ensure youthful inmates are housed safely and provided services as needed. The PREA Coordinator noted the short duration of the stays for youthful inmates has not warranted consideration for school, employment, work, or other programming. The facility contracts with Sweetwater County Detention Center in order to ensure the youthful inmate is not in isolation for long periods of time and to ensure they are provided services as needed. The facility is compliant with this subsection.

The facility is fully compliant with this standard.

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-audit Questionnaire (PAQ)</li> <li>2. UCDC Policy IV-700 Post Admission Process (pg. 3)</li> <li>3. Cross gender, transgender, and intersex search training</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Random Inmates</li> <li>c. PREA Coordinator</li> </ol> <p>Site review:</p> <ol style="list-style-type: none"> <li>1. Video review of a pat down search at booking and area where a strip search was conducted at booking for a female inmate who reported a male staff conducted booking strip search</li> <li>2. Observation of pat down search conducted by arresting officer in the booking area of the facility for a female arrestee</li> <li>3. Two observations of pat down searches and areas of strip search by detention staff for two male arrestees</li> <li>4. Site review of housing areas and camera placement</li> <li>5. Detention logs</li> <li>6. Inmate files with booking information regarding pat search and strip search documentation of eight inmates booked into custody from August 2020 through January 2021.</li> </ol> <p>Findings (By Subsection):</p> <p>(a) The PAQ reported the facility has not conducted cross-gender strip searches or cross-gender visual body cavity searches during the twelve-month audit cycle. In addition, the PAQ noted the facility does prohibit cross gender pat down and strip searches and if a visual body cavity search was needed the inmate would be transported to the local hospital to have the search completed by a medical practitioner. Policy IV-700 Post Admission Process (pg. 1) requires searching of all newly admitted inmates using the least intrusive search to ensure safety and security for all people in the jail. The policy lists a metal detector as an option for searches at booking. The policy notes the metal detector can be used to supplement searches</p>

for cross gender searches. Policy IV-700 Post Admission Process (pg. 2) does prohibit cross gender strip searches. The policy requires outside services to conduct all visual body cavity searches if there is suspicion of contraband is being concealed regardless of the gender of the staff. 100% of the three detention deputies interviewed confirmed cross gender strip and body cavity searches have not occurred while any of the staff interviewed have worked there. The interview with the PREA Coordinator and a detention deputy assisting in the capacity of PREA compliance manager also confirmed they were not aware of any cross gender strip searches or visual body cavity searches. During the interviews with eleven inmates, one reported being strip searched by a male deputy as a female inmate. The booking video was reviewed during the onsite audit and the video clearly showed a female staff member was the only person to enter the strip search area with the inmate. The booking video also showed the inmate looking down at the ground during her booking process. Therefore, 100% of the inmates interviewed were confirmed to have been pat searched and/or strip searched by the same gender staff. There were no logs of exigent circumstances or medical staff performing cross gender strip searches or visual body cavity checks and staff confirmed none have occurred during the audit cycle. Searches are documented in the jail management system. This auditor reviewed the detention logs for the audit cycle and of the eight files reviewed 100% noted searches of the same gender conducted booking pat down searches. The detention log also confirmed the gender of the staff member and the inmate were the same. During one interview with a female inmate, she noted she waited in a booking cell from approximately 11pm until the early morning when a female staff member came on shift in order for a female staff member to conduct the search. Two interviews were conducted with outside agency female staff, one state trooper and one police officer. Both outside staff members confirmed they have been able to assist with female pat down and strip searches when the detention center has asked them due to not having a female staff member on shift. During the onsite audit a female arrestee was booked in and one of the outside staff female officers conducted the pat search and strip search. This booking and search area was observed by this auditor. During the interview with the PREA compliance manager, it was noted it is an unwritten rule to not conduct cross gender strip searches and body cavity searches are not standard practice for the facility. The facility is compliant with this subsection.

(b) Policy IV-700 Post Admission Process (pg. 2) does prohibit cross gender pat down searches of female inmates, absent exigent circumstances, and the facility shall not restrict access to regularly available programming or other out of cell opportunities to comply with this provision. The facility does not conduct cross-gender pat down searches except in exigent circumstances. During interviews with random staff, 100% of the eleven staff interviewed reported there were no circumstances during the audit cycle requiring female inmates to be pat searched by a male staff member. 100% of the male staff interviewed and 100% of the female staff interviewed reported they either called for assistance or assisted as requested to ensure female staff conducted pat down searches of female inmates. During interviews with random staff, 100% of the eleven staff interviewed reported no female inmates were restricted access to programming or other out of cell opportunities in order to comply with same gender pat searches. During interviews with female inmates, 3 of the 4 interviewed reported they are not prohibited access to programming or out of cell opportunities. One noted, they can go to the library or recreation when they ask. One of the inmates interviewed was experiencing episodes of psychosis and was in a housing unit by herself. There were no logs to review as there were no exigent circumstances during the audit cycle. One female inmate interviewed noted they were housed in booking over night to wait for a female staff member to come on shift. One male deputy noted they would use the metal detector as a search mechanism and

then wait for a female deputy or female officer from another agency to conduct the pat search and strip search if the strip search is necessary. During the interview with the PREA Coordinator, he reported strip searches are conducted at booking as security needs indicate such as in cases of drug offenses or violent history. The facility is compliant with this subsection.

(c) Policy IV-700 Post Admission Process (pg. 2) requires the facility staff to document all cross gender strip searches and cross gender pat down searches (regardless of gender) conducted under exigent circumstances. The facility does not conduct cross-gender strip searches and cross-gender visual body

cavity searches, nor cross-gender pat down searches of female inmates. During the interview with the PREA Coordinator he confirmed staff do document all searches in the jail

management system and would document if any occurred as well as the exigent circumstances. Detention logs confirmed there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the audit cycle. The facility is compliant with this subsection.

(d) Policy IV-700 Post Admission Process (pg. 3) notes inmates shall be able to shower, perform body functions and dress without being viewed by non-medical opposite gender staff, except in exigent circumstances or when such viewing is incidental to routine cell checks. In addition, the policy notes a shower curtain covering the inmate's torso may be provided to allow observation of the head and feet during showering and changing may be provided. The policy statement requires staff of the opposite gender to announce their presence when entering an inmate housing unit. The practice this auditor observed during the onsite audit was that staff of the opposite gender will open the housing unit door to the day room and announce themselves. In addition, during the tour of the facility during the onsite audit, male staff announced a female staff member was entering the housing unit when this auditor entered. During interviews with random staff, all eleven were aware of the requirement to announce themselves when entering a housing unit for the purpose to enable the inmate to not be viewed when showering, performing bodily functions, or changing clothes. During interviews with random inmates, three of the four female inmates said male staff announce themselves when coming into the housing unit. One inmate was experiencing psychosis and not able to answer the question. Five of the seven male inmates interviewed said female staff announce themselves. One of the five inmates interviewed said female staff do not announce themselves when they enter a housing unit. One of the five inmates interviewed said he has been in quarantine due to COVID 19 so he has not heard any female staff entering the unit. All inmates interviewed reported they have never been naked in front of opposite gender staff and several inmates noted staff are very respectful. During the onsite audit, this auditor observed all camera angles in the housing units and all the angles allow for viewing of the entrance to the showers and cells where toilets are. The main housing units do not allow viewing the area where inmates are showering, performing bodily functions, and changing clothes. One housing unit in booking has a half wall present so that staff walking by the unit cannot see the toilet area. All showers have shower curtains which have a clear top and bottom area to see head and feet

only. During the onsite audit, the PREA Coordinator reported a request to ensure a black box was installed on the cameras for two medical cells and two administrative segregation cells,

over the toilet area in those cells. Those four cells are intended for short term placement and therefore, do not have showers. On February 24, 2021, the PREA Coordinator provided this auditor photos of the camera angles that have black boxes installed over the toilet area of the two medical and two administrative segregation cells. The facility is compliant with this subsection.

(e) Policy IV-700 Post Admission Process (pg. 3) prohibits the use of strip searches and physical exams to determine genital status. In addition, the policy notes if the inmate's genital status is unknown, it may be determined 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 examiner. During the interview with the PREA Coordinator he noted two prior admissions of transgender inmates in which the inmates identified themselves as transgender and strip searches nor physical exams were used to determine genital status. He confirmed the bookings for these two individuals were before this audit cycle. He reported the determination of the person's housing was based on conversations with the inmates and their report of their genital status and preference. Both individuals were housed individually at their request. There were no transgender or intersex inmates in custody to interview during this audit. During interviews with random staff, 100% of the eleven staff reported they would be respectful, treat them like everyone else, and ask them what gender they are. One staff member interviewed remember an inmate who was transition from male to female and the person identified as female and requested a female staff member to conduct searches. The inmate's searches were conducted by a female staff member and the determination was made based on the conversation ith the inmate. During random inmate interviews, a few inmates were unaware of what intersex meant. When this auditor explained the definition of intersex, they said they were not aware of anyone in the facility who was intersex. Several inmates also noted they have not had anyone tell them they identified as transgender male or transgender female. Therefore, this auditor could not interview a transgender or intersex inmate nor review the file to determine if the prohibited practices occurred. The facility is compliant with this subsection.

(f) The PREA Coordinator provided this auditor with a list of training curriculum provided by the Wyoming Law Enforcement Academy which all detention staff attend within their first year of employment. However, pat down search, cross gender pat down search, and searches of transgender and intersex inmates were not listed as topics. During the interviews with random staff, all staff indicated a knowledge of cross gender pat down searches and how to conduct them respectfully and

using the least intrusive manner, including using the back of the hand. Staff also indicated if they had a transgender or intersex inmate in custody, they would ask the person their preference and search them based on their preference. During random inmate interviews, no inmates indicated a concern with how searches were conducted. The practice of being respectful and professional was verbalized during the staff interviews and pat down searches were observed to be conducted in the least intrusive manner and consistent with security needs. The detention deputy with PREA compliance manager duties, including staff training, utilized The Moss Group training to generate a specific training for UCDC detention

staff on cross gender pat down searches, transgender searches, and interest searches. The training curriculum is thorough and specific to this topic and modified to include facility specific components. The training record log for 15 detention staff was received February 27, 2021, showing the power point training as well as The Moss Group training video was watched by all detention staff, including four detention sergeants, full time, and rotational detention deputies. The training was conducted between February 17, and February 26, 2021. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 4-5)</li> <li>3. PREA Poster in Spanish</li> <li>4. Staff training curriculum</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. Random staff</li> <li>d. Inmates with a psychiatric disability</li> <li>e. Inmate with limited English proficiency</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Review of device to communicate with people who are hard of hearing</li> <li>2. Observation of staff interpreting for an inmate who has limited English proficiency</li> <li>3. Observation of tablet availability with written PREA related documents and PREA video</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 4-5) ensures that inmates who are deaf/hard of hearing or those that are blind or visually impaired, or otherwise have a disability have access to all aspects of the facility's PREA protections. Several staff members noted if the person has trouble seeing, they will read them all of the documents. One staff member noted if the person is hard of hearing they would communicate through writing and find a way to ensure they were helped and could understand the materials. Several staff members noted they would use a machine called the Ubi Duo to communicate with someone who is hard of hearing. During the onsite review, the PREA Coordinator reported the machine was purchased due to someone being detained on a regular basis who was hard of hearing. He reported the machine worked well for communication with the person because they can see what you are typing and can type back in real time. The PREA Coordinator showed this auditor the machine and described how it works. The booking assessments recently included a direct question</p>

regarding disabilities. There has been long established medical questions to determine if someone has medical needs or mental health needs at booking. Many staff members reported they were aware of people in custody who had disabilities or needed additional assistance due to limited English proficiencies. All staff interviewed indicated they were aware of the requirement for all inmates to be

able to access all aspect of the facility's PREA protections. Many staff noted it is in their policy and was reviewed in their training materials. Many staff reported requesting assistance from one of the four detention deputies who speaks Spanish to assist with communication at booking for inmate education and to communicate with the person if they were reporting a concern for themselves or others. Many staff reported the court personnel have a list of interpreters for various languages and if they had someone in custody who spoke a language other than English and Spanish they would utilize one of the court interpreters. The PAQ noted the use of court interpreters would be the primary way to communicate with someone who speaks a language other than English and Spanish. One staff member noted they would use google translate as an option as well. The intake pamphlet provided at intake for initial inmate education is available in English and Spanish. The PREA posters labeled "No Means No" with additional information were posted throughout the facility in English and during the onsite review were translated into Spanish as well. The PREA Coordinator reported a request was made to install the PREA posters in both English and Spanish on the video kiosks in the housing units as well to ensure people have access to the pamphlet at intake and the PREA posters in English and Spanish in a variety of settings. Due in part to the proximity of the facility to the State Hospital the detention staff reported they frequently need to communicate with people who have psychiatric disabilities. Many staff described using the technique of ensuring people understand the questions and written materials by verbal confirmation of understanding. Many staff members noted they would slow down the process at intake to ensure the person has time to ask questions and read the materials to the person if they person indicating they did not understand. During the interview with the Agency head he indicated an understanding of the need to ensure all people were aware of steps taken to ensure their safety and he noted trust that staff would do everything they can to communicate with everyone regardless of disability or limited English proficiency. One inmate was interviewed who had limited English proficiency. A staff member on shift who works in the role as a detention deputy was able to assist with the interview. He demonstrated the skill set needed to communicate with the inmate. The inmate was aware of PREA, how to report, and the zero tolerance policy. The inmate indicated he did receive the pamphlet at booking in Spanish and saw the notices of the audit. This auditor reminded him he could contact me if he needed to report any concerns. He said he did not have any concerns. Two inmates were interviewed who had psychiatric disabilities. One inmate was able to answer questions regarding the booking process and confirmed he received information about zero tolerance, how to report, and general information about PREA. The person was concerned about their safety and said they did not talk to staff. They said they knew about PREA and did not want to talk more. One inmate was in their cell during the interview as this is where the person felt was safe. The person was asked if at booking they were given information about PREA. The person reported they did not remember being booked in. The person was concerned about staff's safety and their safety and in general described not being safe due to spirits in the room. The person was housed in an area with PREA posters that were visible. In addition, staff were interviewed that worked with the inmate on a regular basis and they described their efforts to communicate and provide an environment that was safe for the person. During the site review, this auditor observed a few interactions with staff who entered the cell and the

interactions were conducted in calm speaker voices and asking permission to enter the area. The facility is compliant with this subsection.

(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 4-5) ensures that inmates who are limited English proficient have access to interpretation services. The PREA Coordinator and several staff reported the court personnel have a list of interpreters that can be called if needed. The staff member who assisted with interpretation during the interview with an inmate who was limited English proficient noted he would call an interpreter from the court system if needed. He noted someone may be more comfortable talking with a person that does not work at the jail. At the time that he was assisting at the audit he was in plain clothes and asked permission to talk to the inmate before the interview began. During the onsite audit tablets were observed to be available in every housing unit. The tablets were shown to have PREA related notices, the inmate handbook, and a PREA video. This would allow inmates who are hard of hearing to read the materials and inmates who have difficulty reading to watch the video. The facility is compliant with this subsection.

(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 4-5) prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances and allowed by this standard. Interviews with staff members consistently showed that they would not use inmate interpreters and there was a general understanding of why that is not a good practice. Interviews with staff also showed confidence in being able to find assistance for any language need or for any type of disability. There were no interviews or documentation of the use of inmate interpreters or a need for inmate interpreters. UCDC is compliant with this subsection.

The facility is fully compliant with this standard.

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="248 170 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="248 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <p data-bbox="248 405 411 439">Documents:</p> <ol data-bbox="248 472 1225 797" style="list-style-type: none"> <li>1. UCDC Completed Pre-audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 11-12)</li> <li>3. UCSO Interview Question Jan 2021 Detention Board</li> <li>4. UCSO Personnel files for New Hires and Existing Staff</li> <li>5. Uinta County Employee Policy and Procedure manual (pg. 4 and pg. 16)</li> </ol> <p data-bbox="248 842 624 875">Interviews with the following:</p> <ol data-bbox="248 909 863 943" style="list-style-type: none"> <li>a. Hiring Manager (also the PREA Coordinator)</li> </ol> <p data-bbox="248 1066 587 1099">Findings (By Subsection):</p> <p data-bbox="248 1133 1485 1805">(a) UCDC Policy III-500 (pg. 11-12) states the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist services of any contractor who may have contact with inmates who- (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Uinta County Employee Policy and Procedure manual (pg. 16) prohibits sexual harassment and notes sexual harassing behavior will not be tolerated for any employee. In reviewing the employee files for six current detention deputies the required criminal background checks were completed initially. In January 2021 UCDC interview questions were modified to include questions related to this standard for all new detention staff. A review of the Interview Question Jan 2021 Detention Board document was completed during the onsite audit. During the interview with the PREA Coordinator who is also a member of the detention staff board panel confirmed the new questions will be required of all interviewees. The facility is compliant with this provision.</p> <p data-bbox="248 1850 1469 2141">(b) Policy III-500 Inmate Sexual Contact (pg. 11-12) notes the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The PREA Coordinator noted they do not have any contracted staff who have contact with inmates. Uinta County Employee Policy and Procedure Manual (pg. 4) requires all new employees to submit to a background check. Uinta County Employee Policy and Procedure Manual (pg. 16) prohibits conduct related to sexual harassment for all employees and contractors. Interview questions</p>

for new employees ask the required questions in standard 115.17(a) and the contractor training document required before any contractor has contact with inmates asks the required questions in standard 115.17(a) for all new contractors. In reviewing two files of contract staff both had the required background check in their file and training records that included the three questions in standard 115.17(a). There were 26 contractors who provided services and had contact with inmates during the audit cycle. There was one promotion of a detention deputy to a detention sergeant. The personnel file for the person promoted was reviewed and showed no disciplinary record related to sexual abuse or sexual harassment. The facility is compliant with this subsection.

(c) Policy III-500 Inmate Sexual Contact (pg. 11-12) requires before hiring new employees who may have contact with inmates, the agency shall (1) perform a criminal background records check; and (2) consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background check completion at the stage of initial employment is done consistently as determined through review of employee files during the onsite audit. In reviewing the employee files for current detention deputies as well as contract staff, the required criminal background checks completed initially using NCIC background checks. During the interview with the PREA Coordinator he noted there were no current staff employed by a prior institution. A review of six detention staff resulted in finding none of the sample had prior institutional experience. During the interview with the PREA Coordinator he confirmed attempts would be made 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. are not made to contact prior institution employers. The facility is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 11-12) includes a provision for a criminal background check to be completed for any contractor who has access to inmates. There are currently 26 contract staff who have contact with inmates at the UCDC. A sample of two files were reviewed for contracts, both showing a criminal records check was completed. In addition, a review of a table of all 26 contract staff showed the date of a criminal background check within the last year showing an annual background check was completed for each of the 26 contract staff. The facility is compliant with this subsection.

(e) Policy III-500 Inmate Sexual Contact (pg. 11-12) requires the agency to conduct criminal background records checks at least every five years of current employees and contracts who may have contact with inmates. All current employees and contracts were reported by the PREA Coordinator to have had background records checks completed within the last year. A review of six employee files and two contractor employee files resulted in the sample showing 100% of the sample had background records checks completed in the last year. The Agency head also had a background records check completed in the last year. The facility is compliant with this subsection.

(f) UCDC Policy III-500 Inmate Sexual Contact (pg. 11-12) requires the agency to ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency also imposes upon employees a continuing

affirmative duty to disclose any such misconduct through Policy III-500 Inmate Sexual Contact (pg. 11-12). The interview questions for all detention staff as of January 2021, include the required questions during the initial interview panel. For contractors the required questions are asked in writing during their required training that is conducted annual and before they have contact with any inmates. During the interview with the PREA Coordinator who is also the hiring manager for detention staff, he confirmed the questions will be asked of all employees and contractors. The facility is compliant with this subsection.

(g) UCDC Policy III-500 Inmate Sexual Contact (pg. 11-12) provides that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. In addition, the Uinta County Employee Policy and Procedure manual (pg. 4) requires employees to disclose any criminal activity and notes false information or material omissions are grounds for termination. The facility is compliant with this subsection.

(h) UCDC Policy III-500 Inmate Sexual Contact (pg. 11-12) states the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work.

During the interview with the PREA Coordinator he indicated they would disclose this information if the information was requested by another institution. UCDC is compliant with this subsection.

UCDC is compliant with this standard.

115.18	<b>Upgrades to facilities and technologies</b>
<b>Auditor Overall Determination:</b> Exceeds Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager</li> <li>d. Random Staff</li> </ol> <p>Site review:</p> <ol style="list-style-type: none"> <li>1. Tour of the facility noting camera placement and coverage</li> <li>2. Tour of new court room expansion under construction</li> <li>3. Meeting between Agency Head, PREA Coordinator, PREA Compliance Manager, and Detention Sergeant to discuss camera placement and supervision in the court room expansion to ensure sexual safety consideration in the design and camera placement.</li> </ol> <p>Findings (By Subsection):</p> <p>(a) The UCDC PAQ noted the facility recently underwent an upgrade to camera, phone, and intercom systems costing a substantial amount of money. The PREA Coordinator noted the funding was provided through federal funds. The PAQ did not include consideration of the court room expansion. During the tour of the facility the court room expansion was reviewed. The PREA Coordinator explained a need to continue virtual courts and the availability of federal funds to construct a room for virtual courts enclosing a previous car port. A ramp was installed from the previous exterior wall to ensure someone with mobility issues could enter the room. The room was enclosed and a large TV monitor was installed to face a table and chairs. During the tour the Agency Head, PREA Coordinator, PREA Compliance Manager, and another detention Sergeant, were observed to review the camera placement in the room to ensure the door and the table and chair area were covered. In addition, they discussed the need to have a detention deputy have direct supervision of the inmate during the virtual court. The camera coverage and direct supervision was discussed as a way to ensure the physical and sexual safety of the inmate and staff in the room. During the tour the Agency Head and PREA Coordinator noted transports to court have been a potential area for abuse because inmates and staff are out of camera view and can be transported with a single deputy. The Agency head noted transports and holding cells at the courthouse are areas of concern. Both</p>	

the Agency head and PREA Coordinator discussed having virtual courts as a safer option for staff and inmates. The facility is exceeding compliance this subsection.

(b) UCDC expanded the number of cameras in their facility in 2020 and the expansion is continuing with plans in 2021. During the interview with the Agency head he noted he wanted camera coverage in all areas of the jail to ensure everyone's safety. He noted before the camera expansion areas of concern were identified and it was a high priority to address those areas. The PREA Coordinator noted camera placement was designed to limit blind spots and provide adequate coverage for PREA protections without providing cross gender viewing capabilities. Several staff noted the additional camera coverage during the tour and during interviews. Several staff noted the facility is safer because of the additional camera coverage. During the site review, this auditor spent time in the booking area and control center reviewing the camera angles and camera functionality. The amount of camera coverage exceeds generally accepted detention practices as consideration and changes were made to address every door, every access point, and areas of the jail not previously covered with camera coverage. During the site review, this auditor observed active work being completed to finalize the camera coverage plan discussed with the Agency head to ensure cameras were available for video monitoring at all times. The Agency Head also noted the new system allows for camera review of the jail when supervisors are not on site during the night shift. In addition, the intercom system allows for inmates to communicate with staff immediately if there is an issue. It was observed in the control room that inmates can call from their cells directly into the control room and receive a response from a staff member. It was also observed by this auditor during the site review that the response time to the intercom calls is within seconds of the request. The facility is exceeding compliance this subsection.

UCDC exceeded compliance with this standard.

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 30-31)</li> <li>3. Email requesting review of MOU with local Rape Crisis Center and victim assistance Program</li> <li>4. UCSO Policy IV-500 Collection and Preservation of Evidence (pg. 5-6)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Investigative staff</li> <li>c. PREA Coordinator</li> <li>d. Rape Crisis Center staff</li> <li>e. Local emergency room nurse</li> <li>f. County victim witness coordinator</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 30-31) notes the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. UCDC does conduct administrative and criminal investigations of sexual abuse. During the interview with the PREA Coordinator he reported the UCSO Policy IV-500 Collection and Preservation of Evidence had a new section regarding packaging of sexual assault evidence. The policy was reviewed and there is sufficient technical detail to aid responders in obtaining usable physical evidence. During interviews with eleven random staff, 100% of staff knew they would need to secure the scene and to preserve as much evidence as possible as well as separate the alleged perpetrator and victim and preserve evidence such as clothing as much as possible. The four detention sergeants interviewed discussed more detail in regards to collecting, bagging, and storing evidence. All random staff interviewed, noted either getting assistance from a detention sergeant, or the UCSO investigation sergeant. During the interview with the Investigation Sergeant, she reported she would assist as requested and has many years of experience in collecting and preserving evidence related to sexual assaults in the community. She also</p>

reported, the PREA Coordinator who also serves as a detention sergeant, has years of experience in collecting and preserving evidence. Several staff described the process to protect evidence and transport the alleged victim to the local hospital for a forensic exam as requested. The facility is compliant with this subsection.

(b) UCDC Policy III-500 Inmate Sexual Safety (pg. 30) notes the adoption of “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.” The UCDC Policy IV-500 Collection and Preservation of Evidence (pg. 5-6) uses the above mentioned protocol to guide staff in sufficient technical detail to include a protocol that is appropriate for youth as well as adults and for all genders. During the interview with the PREA Coordinator he confirmed that he reviewed the national protocol and used it as a guide to revise the evidence protocol for the department. The facility is compliant with this subsection.

(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 30) ensures the agency shall offer all victims of sexual abuse access to forensic medical examinations through the local hospital, at no cost, where evidentiary or medically appropriate. The policy requires the examinations to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the policy notes the examination can be performed by other qualified medical practitioners and the agency will document its efforts to provide SAFEs and SANEs. During the interview with the PREA Coordinator, he reported a working relationship with the local hospital and that he has discussed this requirement with them. During the interview with the local hospital staff, a lead nurse reported they would provide a SAFE or SANE exam for a victim of sexual assault from the UCDC. The local hospital staff reported a long standing and satisfactory partnership with UCDC anytime there has been a physical assault or medical need for care and that the UCDC staff she has encountered have been respectful and concerned about providing care to inmates from UCDC that are transported for care. She said she is confident the same quality of services would be provided by UCDC staff in the event of sexual assault. She is not aware of a sexual assault that has occurred at the UCDC. The facility is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 31) notes the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. During the interview with the PREA Coordinator he reported a request to the County Attorney has been completed to enter into an MOU with a local rape crisis center. In addition, he reported a current working partnership with a local rape crisis center who had approved staff to enter the facility, prior to COVID 19, to provide trauma informed yoga and support groups for female inmates. Prior to the onsite audit, a phone interview with the director of the local rape crisis occurred. She reported a positive working partnership with UCDC staff who contacted her about providing trauma related services to women at the jail. She reported there are three advocates who would be able to accompany a victim of sexual assault from the jail to a forensic medical exam. She reported she would enter into an MOU with the UCDC as requested. The facility is compliant with this subsection.

(e) During the interview with the director of the local rape crisis, she confirmed if a victim requested, the victim advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews and would provide emotional

support, crisis intervention, information and referrals to the victim. During the interview with the PREA Coordinator he reported along with the local rape crisis center that the county employs a victim witness coordinator who could also provide support to the victim upon request. During the interview with the victim witness coordinator, she would many years of experience and many trainings related to caring for victims of sexual assault, and she would accompany a victim through the forensic exam, investigatory interviews, and provide support and referrals upon request. Policy III-500 Inmate Sexual Contact (pg. 31) also includes this requirement. The facility is compliant with this subsection.

(f) and (g) Policy III-500 Inmate Sexual Contact (pg. 30) notes if the agency is not conducting the investigation of sexual abuse, the agency shall request the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(h) Policy III-500 Inmate Sexual Contact (pg. 31) notes a qualified agency staff member or qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The interviews with both the local rape crisis center staff and the county victim witness coordinator confirmed all advocates involved has specialized training and experience ensuring their appropriateness for serving in this role. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 2 and pg. 28)</li> <li>3. UCDC Policy 5-6 Investigations (Criminal)</li> <li>4. UCDC website PREA webpage</li> </ol> <p>Interview with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Facility head</li> <li>c. PREA Coordinator</li> <li>d. Investigative Staff- UCSO Investigative Sergeant and PREA Coordinator</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy Inmate Sexual Contact pg. 28 states an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the twelve months prior to the audit there were five allegations of sexual abuse and sexual harassment. The five allegations were administratively investigated and four of the five were completed with an unfounded finding. One of the allegations was determined to be unsubstantiated. The investigation files for the five allegations were reviewed. Four to the five allegations were reported in 2020. One of the five allegations was reported in January 2021. One allegation of inmate-inmate sexual abuse was assigned to the PREA Coordinator and determined to be unsubstantiated as neither inmate was able to be interviewed at the time the allegation was reported from another detention facility. One allegation of inmate-inmate sexual abuse was assigned to a Detention Sergeant. One allegation of inmate-inmate sexual abuse and sexual harassment was assigned to a Detention Sergeant. One allegation of staff-inmate sexual harassment was assigned to a Detention Sergeant. All Detention staff have the authority to complete administrative and criminal investigations. During the interview with the PREA Coordinator he reported the Investigative Sergeant for UCSO would be consulted if an administrative investigation was unsubstantiated and additional assistance was needed or substantiated. During the interview with the UCSO Investigation Sergeant she reported having extensive experience with sexual assault investigations in the community. She noted she would consult if requested by Detention staff or assigned to investigate allegations by the Agency head or Facility head as needed. The facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 2) ensures all allegations of sexual abuse</p>

and sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document all such referrals. During the interview with the PREA Coordinator he confirmed all detention staff have authority to complete administrative and criminal investigations. He confirmed that he has several years of experience with investigations. The UCSO Policy 5-6 Investigations (Criminal) describes the process of criminal investigations and the processing for referring investigations for prosecution. The policy also describes the circumstances that investigations are completed. During the interview with the UCSO Investigative Sergeant she noted the PREA Coordinator has years of experience and she has provided guidance to several detention staff during various investigations. She said Detention sergeants would determine what investigations to consult with her on and the Agency Head or Facility head could assign her investigations as well. During the interview with the Agency head he noted he receives all incident reports. One of the allegations in 2020 involving a staff member, he assigned to a Detention Sergeant who had experience with investigations and he reviewed the investigation report and the unfounded finding. During interviews with the Facility Head, PREA Coordinator, and UCSO Investigative Sergeant they all reported if there were concerns of a conflict of interest with the investigation that they would recommend the state Division of Criminal Investigations or the Evanston Police Department complete the investigation. During the interview with the Agency head he confirmed if there was a concern about the investigation being completed by a detention staff member that he would request the investigation be completed by DCI or Evanston PD. Both DCI and Evanston PD have the legal authority to complete criminal investigations. The Uinta County Detention Center's website has a section labeled PREA and notes on the website that all investigations are thoroughly investigated and provides the PREA Coordinator's contact information to address any questions. The facility is compliant with this subsection.

(c) The facility conducts criminal investigations and therefore is not required to publish a description of the responsibilities of the facility and the investigating entity. The UCDC website was observed to have a PREA page noting all allegations related to sexual abuse and sexual harassment are thoroughly investigated. This subsection is not applicable.

(d) The auditor is not required to audit this provision.

(e) The auditor is not required to audit this provision.

The facility is fully compliant with this standard.

115.31	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 13-14)</li> <li>3. UCDC staff training records</li> <li>4. UCDC revised staff training records noting an understanding of the curriculum</li> <li>7. UCDC PREA training curriculum for staff</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. PREA Compliance Manager in charge of training for staff</li> </ol> <p>Findings (By Subsection)</p> <p>(a) The UCDC Policy III-500 Inmate Sexual Contact (pg. 13-14) requires all staff with inmate contact be trained regarding PREA and the 10 training components required. The UCDC PAQ provided five training modules covering 9 out of the 10 required training components. A revised training curriculum was provided to this auditor during the onsite audit showing compliance with the training requirement for the 10th required training component. In addition, during interviews with random staff during the onsite audit, 100% of the staff interviewed reported receiving an email with the additional training information regarding mandatory reporting laws in Wyoming relating to reporting sexual abuse to outside authorities if the victim is younger than 18 years old or a vulnerable adult. An in-person training was held in June 2020 for all detention staff using five modules covering training components 1-9 as noted below.</p> <p>The required training components are covered through the following documents:</p> <ol style="list-style-type: none"> <li>(1) The agency zero tolerance policy for sexual abuse and sexual harassment;</li> <li>(2) Fulfillment of responsibilities for prevention, detection, reporting and response to sexual abuse and sexual harassment;</li> <li>(3) Inmate's rights to be free from sexual abuse and sexual harassment;</li> <li>(4) Inmate and staff rights to be free from retaliation for reporting sexual abuse or sexual harassment;</li> <li>(5) The dynamics of sexual abuse and sexual harassment in confinement;</li> </ol>	

- (6) The common reactions of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including LGBTI or gender nonconforming inmates;

The training curriculum was based off the The Moss Group training and modified for local practices. The in-person training was effective as interviews with random staff indicated 100% have received the training and were knowledgeable on the required information. The addition training component for mandatory reporting laws was also effective for current staff as all had received and reviewed the email as of the onsite audit. The facility is compliant with this subsection.

(b) Policy III-500 Inmate Sexual Contact (pg. 13-14) requires training be tailored to the gender of the inmates at the employee's facility and requires the employee have additional training if reassigned from a facility that houses only one gender. The UCDC PAQ noted all staff are trained for all genders as the facility houses all genders. The review of the training modules confirmed the training curriculum covers training for all genders. The facility is compliant with this subsection.

(c) Policy III-500 Inmate Sexual Contact (pg. 13-14) requires all current employees to have refresher training every two years to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures. The policy notes in years which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The UCDC PAQ noted every employee received training 2020 and all new staff will receive training in 2021 and all current employees will complete a policy review in 2021. In addition, the PAQ noted staff will receive email updates regarding PREA as changes to policy, procedure, or practice are completed. During the interview with the PREA Compliance Manager, she noted the training of staff in June was thorough and included time for questions to be asked and answered. She noted a more thorough understanding of PREA appeared to result from the in-person training sessions conducted with the training power points based off of The Moss Group training plan. The facility is compliant with this subsection.

(d) The UCDC PAQ provided training records for staff in June 2020. However, the training logs from June showed who attended the training and did not provide a statement of understanding having each staff member sign that they understand the training. Additional training logs were provided February 15, 2021, showing each staff member signing an understanding for each of the ten components of training required as well as the additional questions required regarding sexual misconduct as required in standard 115.17. The training records were for fourteen staff members including detention deputies and detention sergeants who have inmate contact. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 14-15)</li> <li>3. Training records for volunteers</li> <li>4. Training records for contract staff</li> <li>5. Training curriculum for volunteers and contract staff</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Volunteer (religious and support group)</li> <li>c. Contract staff (nurse, doctor, cook, maintenance, mental health counselor, addiction counselor)</li> <li>d. Staff member responsible for volunteer and contractor training</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy 2III-500 Inmate Sexual Contact (pg. 14-15) includes that 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. The PAQ provided the training curriculum for volunteers and contractors. The training curriculum is in a power point presentation and the formatting was not complete in the PAQ. The full training power point was sent to this auditor through email prior to the onsite audit. A list of all volunteers (22) and contractors (26) was provided to this auditor prior to the audit and on the first day of the audit. Two volunteers were interviewed by phone during the onsite audit. Volunteer services have been suspended since March 2020 due to the concern of medical safety related to the global pandemic. Volunteers were selected from two different community groups. Six contract staff were selected for interviews to provide a sample from different roles and responsibilities within the detention facility. Four of the contract staff were interviewed by phone and two were interviewed in person at the detention facility. Training records for all volunteers and contractors were reviewed. There was one volunteer who was not available for the training the staff member responsible for their training was able to verbalize the reason for non-attendance. 98% of the volunteers and contract staff had completed the training at the time of the audit. The facility is compliant with this subsection.</p> <p>(b) The training curriculum was the same for all volunteers and contract staff. The curriculum provided an overview of roles and responsibilities of volunteers and contract staff, an overview of the department including supervisory roles within the detention facility, security protocols, and a section on PREA. The training section on PREA national standards included an overview of the law, strict prohibition of sexual misconduct, the reasons behind sexual misconduct in a confinement setting, various data points to illustrate the need for the PREA national standards, and an overview the volunteer and contractor's responsibilities within the PREA national standards. The eight volunteers and contractor staff interviewed were all able to verbalize the zero tolerance of sexual abuse and sexual harassment within the detention center. They were also able to verbalize how sexual abuse and sexual harassment can endanger the safety of inmates and that there is no consent among a volunteer/contract staff</p>

and inmates due to their position of authority while at the detention center. In addition, all eight of the volunteers and contract staff reported they would report allegations or concerns to a supervisor at the facility. Several staff reported if they were concerned about the staff at the facility, they would report concerns to the Facility head or Agency head. Several contract staff and both volunteers noted trust in the person who conducted their training and they were certain any concerns they brought forward would be addressed timely. One contract staff noted she had presented concerns of a different nature to a supervisor at the jail and it was addressed very quickly. No volunteers or contract staff interviewed reported knowing of any concerns or allegations related to sexual abuse or sexual harassment at the facility. The facility is compliant with this subsection.

(c) The training records provided to this auditor during the onsite audit were for each individual indicating the subsections of the training include the PREA section. The training signature sheets included a statement of understanding of the training and was signed by each individual and the Uinta County Detention staff completing the training. Each training signature sheet was also dated with the date the training was conducted. On February 14, 2021, this auditor was provided a list of all contractors and all volunteers noting the date of their PREA training to ensure the staff member responsible for conducting ongoing training sessions is aware of the date required for a refresher training. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.33	<b>Inmate education</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed (Documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Pre-audit questionnaire (PAQ)</li> <li>2. Intake Pamphlet- Reporting Sexual Misconduct (English and Spanish)</li> <li>3. UCDC Policy Inmate Sexual Contact (pg. 18)</li> <li>4. PREA video for inmate education- What you Need to Know- Inmate Education</li> <li>5. PREA Posters in common areas (English and Spanish)</li> <li>6. Eight inmate files for people admitted during the audit cycle</li> <li>7. Three sample records for people in custody for 30 days or more showing a question regarding the PREA video</li> <li>8. Inmate Handbook with PREA section</li> <li>9. Statement for deputies to read to inmates at booking that is in the jail management system</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random inmates</li> <li>b. Disabled inmate</li> <li>c. LEP inmate</li> <li>d. Intake staff</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Tour of housing areas, booking area, and common areas</li> <li>2. Observation of a booking with a deputy reading the PREA statement from the jail management system</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 (pg. 18) ensures inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. The UCDC PAQ noted all inmates receive a pamphlet at booking titled Reporting Sexual Misconduct. The PAQ noted the pamphlet as well as a statement to be read to each inmate at booking began in October 2020. The pamphlet provides the Sheriff's name, address, and phone number. In addition, the</p>	

pamphlet describes the agency's zero tolerance policy, defines sexual misconduct, describes reporting through talking with a staff member, filing an inmate request form, and using a reporting hotline. The pamphlet also informs inmates that allegations will be investigated fully and their privacy will be protected. In addition, the pamphlet describes how to request protective custody and while in protective custody privileges such as commissary, recreation and phone use will be allowed subject to availability while in administrative segregation. The statement in the jail management system is required to be read during booking at approximately the same time as the initial PREA risk screening. The statement informs the inmate of the zero tolerance policy, reporting options, additional information in the inmate handbook, and informs the inmate to watch the PREA video loaded on all tablets inside of the housing units. During the onsite audit, this auditor observed a booking and a detention staff member read the statement from the jail management system. In addition, there are PREA posters labeled No Means No with information regarding zero tolerance, reporting options, access to mental health and emotional support services, and outside reporting options posted in the booking area. There is a section in the inmates' electronic files noting a PREA initial screening occurred which includes the statement required to be read to inmates. Eight inmate files were reviewed and seven of the eight were conducted after the statement was implemented showing 7 of the 8 had the additional statement that was read to the inmate at booking. During interviews with random inmates, most noted they were not given the pamphlet at intake, however, they did have access to the tablets with the handbook. Of the eleven random staff interview, most were booked into custody months ago. There was one inmate booked in a week prior to the audit and the person reported receiving the pamphlet at booking. All eleven inmates said they were given the pamphlet a week before the audit and noted one of the sergeants entered their housing units to reinforce the pamphlets, inmate handbook, and PREA video was available to them on the kiosk. Nine of the eleven inmates reported they would report to staff or call the hotline. One inmate was experiencing psychosis and could not respond to the questions. One inmate reported they do not trust staff and would not report anything. Nine of the eleven inmates reported knowing there is a zero tolerance policy for sexual misconduct. 100% of the inmate files reviewed for bookings taking place between October 2020 and the audit, showed documentation of PREA information being provided at intake. A review of the Inmate Handbook that is on the tablets available to inmates in the housing unit resulted in finding information regarding PREA, zero tolerance for sexual misconduct, how to report, and how to keep themselves safe in custody. During an interview with an inmate with a physical disability, he reported he was given the PREA pamphlet. During an interview with an inmate with a mental health disability, they reported they were not given the pamphlet at intake but was given the pamphlet about a week before the audit. The person also reported they did not trust staff and would not report a concern anyway. During an interview with an LEP inmate, they reported they were given the pamphlet. The facility is compliant with this subsection.

(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The agency provides ongoing comprehensive education through the availability of the inmate handbook on the tablets inside the housing units, a PREA related video on the tablets, and PREA No Means No posters throughout common areas of the facility. The common areas include locations where inmates walk to pick up their meals and hand in correspondence as well as the inside recreations area, kitchen, library, and

throughout hallways of the facility. In addition, there is a statement read to the inmates at booking directing the inmates to watch the PREA video. During interviews with the PREA Coordinator and PREA Compliance Manager it was recommended by this auditor to add a question during the reassessment of risk required in standard 115.41 to ask inmates if they have watched the PREA video to ensure comprehensive education was being reviewed. The recommendation was implemented and a review of three sample records for inmates housed 30 days after the onsite audit noted one person said they watched the video, one person said they did not know about the video, and one person said they knew about the video and did not want to watch it. The sample records were received February 15, 2021. During interviews with four intake staff members, 100% reported the statement regarding the PREA video, information in the handbook, and the agency's zero tolerance policy is read at each booking. During interviews with random inmates, several reported watching the PREA video, several reported not knowing about the PREA video, and a few reported they were not interested in watching the PREA video. The facility does make comprehensive education available to inmates and provides a directive for inmate to watch the video. The facility is in compliance with this subsection.

(c) None of the current inmates were in custody at UCDC when the PREA standards became effective and therefore all are required to have inmate education completed upon intake.

The UCDC PAQ reported that all inmates receive the same PREA education whether the person is a new booking or is a transfer from another facility. During interviews with four intake staff, 100% reported they provide the same level of PREA information to all people being booked into custody, even if they are transferred to UCDC from another facility. The UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires all intakes to be conducted the same way, regardless of transfer status. The facility is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires the agency staff to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. During intake staff interviews, 100% of staff interviewed said they would read to anyone who had reading or visual impairments. Staff also reported for anyone with a hearing impairment they would be able to communicate through written form and would ensure the person was able to understand the education materials or use the UBIDUO system. This auditor observed the UBIDUO system and the PREA Coordinator described how the system is used. The PREA Coordinator reported the equipment was purchased due to the repeat bookings of someone with a hearing impairment. The PREA Coordinator reported the equipment was effective at communicating with this person. Intake staff also reported the PREA pamphlet and PREA posters are in English and Spanish. The staff reported if they were booking someone into custody that spoke Spanish they have several detention staff that speak Spanish that would assist. Two of the four intake staff reported the court house staff have a list of interpreters that could be used for languages other than Spanish if necessary. The intake staff reported if the person could not read or write, they would read the materials to the person. Similarly, if the person had a cognitive or mental health disability they would read the materials to the inmate. The facility is compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires agency staff to document inmate participation in education sessions. The jail management system has a section for intake staff to complete noting the inmate was provided the PREA pamphlet, informed about

the PREA video, informed about how to report, and informed of the agency's zero tolerance policy. A review of eight inmate files and three files of inmates in custody longer than 30 days noted a process to document is available and was entered for all new bookings. Although the sample of records for inmates in custody for 30 days noted only 33% of inmates watched the video, the records also noted 66% of inmates were aware of the video to provide comprehensive education. It is recommended the PREA Coordinator monitor the utilization of the PREA video for comprehensive education and if the viewing of the PREA video for comprehensive education does not rise to a level of 80% or above, to consider a more effective way of providing comprehensive education. The facility is compliant with this subsection.

(f) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires key information to be continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. PREA No means No posters are placed in common areas throughout the facility. In addition, the inmate handbook with a section on PREA is available to inmates on the tablets in housing units. If an inmate does not pay for a tablet for their own use, a common use tablet is available with the handbook and PREA video. During the onsite audit, this auditor observed the common use tablet and a detention sergeant with duties for PREA compliance management, demonstrated how all inmates have access to the handbook and PREA video using the common use tablet. The facility is in compliance with this subsection.

UCDC is compliant with this standard.

Recommendation:

1. It is recommended the PREA Coordinator monitor the utilization of the PREA video for comprehensive education and if the viewing of the PREA video for comprehensive education does not rise to a level of 80% or above, to consider a more effective way of providing comprehensive education

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 15)</li> <li>3. Investigator training record</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Staff responsible for investigations</li> <li>c. UCSO Investigation Sergeant</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 (pg. 15) states in addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The PAQ noted the UCSO Investigative Sergeant would conduct sexual abuse investigations and training records for the sergeant were provided. During the interview with the PREA Coordinator he noted all detention sergeants would be responsible for sexual abuse investigations and depending on the circumstances the UCSO Investigative Sergeant may assist. In further discussion with the PREA Coordinator during the onsite audit, it was discussed that in addition to the detention sergeants, detention deputies also have the authority to conduct investigations of sexual abuse. During the interview with the UCSO Investigative Sergeant, the sergeant reported they would conduct the investigation of sexual abuse if assigned the investigation by the facility head or agency head. The sergeant also noted the detention sergeants, including the PREA Coordinator, all had extensive experience with investigations and therefore, they would likely conduct the investigations and she would assist as needed and/or assigned. In discussing training completed by detention deputies, detention sergeants, and the UCSO Investigative Sergeant, it was reported specialized training in sexual abuse investigations in confinement settings has not been completed. UCDC is not compliant with this subsection.</p> <p>(b) During the interview with the UCSO Investigative Sergeant, training was discussed. Training records were also received and reviewed. The Investigative Sergeant has completed specialized training for techniques for interviewing sexual abuse victims. However, during interviews with detention sergeants and the PREA Coordinator, it was reported they have not completed specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action</p>

or prosecution referral. UCDC is not compliant with this subsection.

(c) Documents in the PAQ include training records for the UCSO Investigation Sergeant. However, the additional staff responsible for conducting investigations of sexual abuse do not have training records documented and reported the training has not been completed. UCDC is not compliant with his subsection.

(d) This auditor is not required to audit this provision.

The facility is not compliant with this standard.

Corrective Action:

- 1) Designated detention staff to investigate sexual abuse allegations should be identified by the agency and/or facility head.
- 2) The designated staff shall complete specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- 3) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

This Auditor was provided supplemental documentation on March 29, 2021, to demonstrate corrective actions taken by the UCDC administration regarding this standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Investigation training records

The PREA Coordinator confirmed two detention sergeants, the department investigation sergeant, and a deputy have been designated to conduct sexual abuse investigations. The four staff members completed investigation training between March 7, 2021 and March 25, 2021, and the training records were provided to this auditor on March 29, 2021. The training records will be maintained in the employee files and is also maintained electronically. The four staff members completed NIC training for investigating sexual abuse investigations and advanced investigations training.

The UCDC is compliant with this standard after completing corrective action.

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 16)</li> <li>3. NIC training- PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>4. NIC training- PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>5. Training records for medical staff</li> <li>6. Training records for mental health staff</li> <li>7. List of all medical and mental health staff contracted with UCDC</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Medical staff</li> <li>c. Mental health staff</li> <li>d. Detention Sergeant responsible for contractor training for PREA</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC PAQ reported medical staff are at the facility once a week and mental health staff are at the facility upon request. UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires the agency to ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. A list was provided of all medical staff and mental health staff who regularly conduct work at UCDC. There are two doctors, seven nurses, and ten mental health/addiction counselor staff members. Two medical staff and two mental health staff were interviewed. Three of the four staff reported they have not had specialized training related to sexual abuse and sexual harassment in a confinement setting. During the interview with the detention sergeant in charge of contractor training, a review of the NIC online training</p>

curriculum for medical staff and mental health staff was conducted. In discussion, the detention sergeant reported he would discuss medical and mental health staff completing the NIC online curriculum. During one interview with a medical/mental health staff member the NIC training was discussed and the person reported they would be interested in the additional training. The facility is not compliant with this subsection.

(b) The medical staff do not conduct forensic examinations of victims and therefore this is not an applicable standard for the facility.

(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 16) requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The medical and mental health staff have not completed the training and therefore, training records are not maintained by the facility. The facility is not compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 16) requires that all contract staff complete the facility PREA training for all contractors. All medical and mental health practitioners assigned to UCDC are contract staff. A review of training records for all contractors confirmed that all medical and mental health staff have completed the training required under standard 115.32. During interviews with four medical and mental health staff, 100% of the staff members reported they attended the facility training and were aware of the agency's zero tolerance policy, their requirement as non-informed first responders should they receive a report of sexual abuse or sexual harassment, and how to report knowledge or suspicion of sexual misconduct. 100% of staff reported they were confident the report would be fully investigated and none of the staff members have received a report by an inmate or third party regarding sexual abuse or sexual harassment. The facility is compliant with this subsection.

UCDC is not compliant with the standard.

Corrective Action:

1. UCDC shall provide training to mental health and medical staff on requirements in standard 115.35(a).
2. UCDC shall maintain documentation of the training referenced in standard 115.35(a).

This Auditor was provided supplemental documentation on March 29, 2021, to demonstrate corrective actions taken by the UCDC administration regarding this standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Medical and Mental health staff training records

The PREA Coordinator confirmed six medical and mental health staff completed specialized training. The six staff who completed the NIC training for medical and mental health staff between March 11, 2021 and March 23, 2021, represent 67% of the medical and mental staff that work part time or intermittently at the facility. The additional three staff have been provided the opportunity to complete the training and are in the process of completing the training. The training records will be maintained by the PREA Coordinator for medical and mental health staff assigned to work part time or intermittently at the facility.

The UCDC is compliant with this standard after completing corrective action.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documentation, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Pre-audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 17-20)</li> <li>3. Jail Management System intake screening questions</li> <li>4. Random inmate files with initial screening and 30 day reassessment</li> <li>5. Jail Management System reassessment questions to be used at or before 30 days and as warranted</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random inmates</li> <li>b. Staff responsible for screening</li> <li>c. PREA Coordinator</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Observation of intake screening questions being completed during the booking process</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 17-20) requires all inmates to be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The UCDC PAQ reported all inmates are screened and provided screening questions. However, the screening questions entered into the PAQ did not have all required elements from standard 115.41(d). During the interview with the PREA Coordinator, he reported modifications to the screening questions would be completed prior to the onsite audit. During the onsite audit, the revised screening questions were reviewed. Additional modifications were completed during the onsite audit after discussion with the PREA Coordinator. The Jail Management System was modified onsite to include all required elements in 115.41(d). During the onsite audit, this auditor observed the screening questions being asked during the booking process noting all required elements from standard 115.41(d) were now included. During interviews with staff members responsible for risk screening, 100% of the three staff interviewed reported they would ask the screening questions as they were written in the jail management system. 100% of the staff reported the questions were asked to assess the risk of the person for being victimized or being abusive. During interviews with random inmates, approximately 50% remembered being asked if they had been sexually assaulted during the booking process. They were not asked the remaining questions from standard 115.41(d). Following the onsite audit, this auditor</p>

asked for a sample of current inmates who had the new intake screening questions completed. A review of four files (10% of the current population) was completed showing that 100% of the new samples had the required intake screening questions completed. The facility completed immediate corrective action for this subsection and is now in compliance with this subsection.

(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires the intake screening to ordinarily take place within 72 hours of arrival at the facility. The UCDC PAQ noted the screening process takes place after the person is no longer intoxicated. The sample of records completed after the onsite audit noted each screening took place within 24 hours of arrival at the facility. During interviews with staff responsible for screening at intake, 100% of staff reported the screening questions are usually asked within a few hours and occasionally the questions are asked after twelve hours or as long as it takes for a person booked into custody while intoxicated to become sober. There were no cases of records reviewed either with the new screening questions or the review of eight inmate files with the previous intake screening questions where the questions were asked longer than 72 hours after arrival at the facility. The facility is compliant with this subsection.

(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires the assessments will be conducted using an objective screening instrument. The jail management system has a system to score the assessments based on responses. However, in discussing the scoring with the PREA Coordinator, he reported the final determination of a designation for risk of victimization and risk of abusiveness is determined by staff using the screening questions as well as professional judgement. There was no evidence that staff were not objective in their review of the risk factors for victimization or abusiveness. During interviews with the three staff who conduct screening questions, 100% described examples of when someone would be at risk of being victimized and at risk of being abusive. The facility is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires the intake screening to consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability (the inmate is asked if they have a disability), one question regarding the inmates age in that it asks if they are under 21 or over 65, one question related to the inmate's physical build as it relates to male and female inmates who have a smaller stature, one question relating to whether the inmate was previously incarcerated, one question relating

to criminal history being exclusively nonviolent, one question whether the inmate has prior convictions of sex offenses, two questions related to whether the inmate is perceived to be gender non-conforming and if the inmate identifies as gay, lesbian, bisexual, transgender, or intersex, one question regarding previous sexual victimization, and one question as to the inmate's own perception of vulnerability. UCDC does not detain people solely for civil immigration purposes. With the immediate corrective action completed during the onsite audit, the facility is now compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires the initial screening to consider

risk of abusiveness including a question regarding prior acts of sexual abuse, a question regarding prior convictions for violent offenses, and questions regarding history of prior institutional violence, sexual behavior, or sexual abuse. With the immediate corrective action completed during the onsite audit, the facility is now compliant with this subsection.

(f) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. During the interviews with the staff members responsible for risk screening, 100% reported they were not reassessing an inmate's risk at or before 30 days unless it was warranted. During the onsite audit, discussions were completed with the PREA Coordinator and PREA Compliance Manager and it was determined the PREA compliance manager would conduct the 30 day reassessments. During interviews with random inmates, 100% reported they were not asked the intake questions after arrival. After the onsite audit, this auditor requested and received a sample of three reassessments for three inmates in the facility longer than 30 days and 100% of the samples received had the required reassessment completed. The PREA compliance manager confirmed she completed the reassessment with every inmate in custody for 30 days and a file was received with all inmate's listed who were in custody longer than 30 days and the date the reassessment was completed. The sample reassessments and list of reassessments completed was received on February 17, 2021. With the immediate corrective action completed by the facility, the facility is now in compliance with this subsection.

(g) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. During the interview with the PREA Compliance manager she confirmed she would reassess an inmate when warranted per this standard. There were no incidents requiring a reassessment during the onsite audit or during the post audit prior to this report being written. There is a mechanism in the jail management system to conduct a reassessment as warranted. With the immediate corrective action completed by the facility, the facility is now in compliance with this subsection.

(h) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) includes a statement that inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the screening questions. During the interviews with the staff responsible for risk screening, 100% of the three staff interviewed confirmed an inmate would not be disciplined for not answering the questions. The facility is compliant with this subsection.

(i) UCDC Policy III-500 Inmate Sexual Contact (pg. 18) requires the agency to implement 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. The PREA Coordinator explained there are alerts in the jail management system to not if the person is at risk of victimization or at risk of being abusive. There is an additional alert for staff to see if the person is required to update registration for sex offenses upon release. The alerts in the jail management system are only viewable by detention staff that have a need to know. The facility is compliant with this

subsection.

UCDC is compliant with this standard.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre-audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 5 and pg.20)</li> <li>3. Risk screening samples</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Random staff</li> <li>c. Staff responsible for risk screening</li> <li>d. PREA Compliance manager</li> </ol> <p>On site review:</p> <ol style="list-style-type: none"> <li>1. Housing units</li> <li>2. Booking cell used for segregated housing</li> <li>3. Toilet and shower facilities</li> <li>4. Observation of housing unit for identified lesbian inmate</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 5 and pg. 20) requires the agency to use information from standard 115.41 to inform housing, bed, work, education, and program assignments in order to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. During interviews with the PREA Coordinator and staff responsible for risk screening, 100% of the four staff reported they are using the risk screening to determine housing assignments. Programming is limited currently due to COVID 19 and if someone was at risk of abusiveness consideration would be given to work placement and education services. All staff interviewed reported concern for sexual safety and that additional staff observation would be conducted if someone was in the facility who was at risk of abusiveness. A review of incident reports noted concern for an inmate's physical safety when the person was incarcerated for a sex offense and another inmate notified staff the person's safety was at risk. The person at risk of physical harm was protected by being moved to a different housing unit with inmates who were less likely to physical harm him. During the post audit phase during a phone call on February 15, 2021, the PREA Coordinator noted a current grievance was being addressed due to an inmate reporting that another inmate was</p>

showing his genitalia, piercings, and trying to touch another inmate's buttocks. The person who filed the grievance was moved to a different housing unit at his request. The inmate's were reassessed for sexual safety and housing changes were made. In addition, retaliation monitoring was being conducted. The PREA Coordinator reported the housing changes were made immediately to ensure everyone's safety and the reassessment was documented. The PREA Coordinator noted the person reporting said the incidents occurred months prior to the grievance and the inmate was just feeling comfortable enough to report the incidents. Although one housing decision was based on physical safety, these two housing assignment changes are evidence of facility compliance with this standard subsection. The facility is in compliance with this subsection.

(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 5 and pg. 20) requires the agency to make individualized determinations about how to ensure the safety of each inmate. During the interview with the PREA Coordinator, he explained the housing units are generally determined by the level of offense. For example, misdemeanor charges, felony charges, and inmates in custody for drug court are generally housed together. However, he reported individualized determinations are made for every inmate based on need and risk level. During the interviews with the staff responsible for risk screening, 100% reported they consider each case individually. During the onsite audit, a discussion was observed regarding an inmate's safety when a deputy entered the sergeant's office to discuss a concern. The observation of this interaction as well as the policy statement, and interviews are all evidence of compliance with this subsection. The facility is compliant with this subsection.

(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 5 and pg. 20) notes in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. During interviews with staff responsible for housing assignments, housing

determinations were discussed regarding transgender and intersex inmates. Staff reported it would depend on the specific circumstances and safety would always be considered. Staff did report that access to services, programming, medical, mental health, education, and ensuring the person is not isolated would all be considered. During the interview with the PREA Coordinator he reported two people prior to the audit cycle who identified as transgender female were housed at the facility. Both housing assignments were determined in large part based on their request to be housed individually. Both individuals also left custody within a few days. The facility is in compliance with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 5 and pg. 20) requires placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice a year to review any threats to safety experienced by the inmate. During interviews with the PREA Coordinator and the PREA Compliance manager, both noted the housing assignments for transgender and/or intersex inmates would occur on an ongoing basis and at least twice each year. As noted above, the PREA Coordinator reported two prior inmates identified as transgender female and both were housed for a few days each and then released from custody. The facility is compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 5 and pg.20) requires a transgender or

intersex inmate's own views with respect to his or her own safety shall be given serious consideration. During the interview with the PREA Coordinator he confirmed the two prior transgender inmates were housed according to their preference. He reported serious consideration would be given for any transgender or intersex inmate. He also noted the facility has several options including the booking area, medical cells, administrative segregation cells that could be used for protective custody, as well as housing units with people who are considered more vulnerable due to age or physical stature. There were no current transgender or intersex inmates in custody to interview. The facility is compliant with this subsection.

(f) During the site review, this auditor observed that all inmates shower separately. All shower facilities are single head showers with a shower curtain for coverage. The facility is compliant with this subsection.

(g) UCDC Policy III-500 Inmate Sexual Contact (pg. 5 and pg. 20) requires the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. During the interview with the PREA Coordinator he confirmed there are no consent decrees, legal settlements, or legal judgments for the specific housing units for the purpose of protecting such inmates in Uinta County. During the onsite audit, the housing unit for one person who identified as a lesbian was observed to a multi-cell housing unit with several other female inmates housed in the same area. The facility is compliant with this subsection.

UCDC is compliant with this standard.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.43</p> <p>Evidence reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Pre-audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 20-21)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Facility Head</li> <li>b. Staff who supervise inmates housed in segregated housing</li> <li>c. Inmate housed in segregated housing for a non-PREA related purpose</li> <li>d. Random Inmates</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Site observation of how inmates access library and recreation programming</li> <li>2. Site observation of two detox cells, two medical cells, and two administrative segregation cells</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC policy III-Inmate Sexual Contact provides staff directives regarding not housing an inmate in involuntary segregated housing unless an assessment of alternatives is completed and documented determining no available alternatives are present. In addition, the policy provides directives to house an inmate in involuntary segregation for no more than 24 hours while an assessment of alternatives is completed. During the interview with the Facility Head he confirmed that a person at risk of victimization would not be isolated until there was no alternative. During interviews with staff who supervise inmates housed four of the four staff members noted they would not house someone in segregated housing for more than several hours while a decision on housing was completed. Two of the four staff members described in detail the methods they use to determine housing for each individual. During the onsite audit, this auditor observed a conversation with a deputy and two detention sergeants as the safety of the inmate being housed and all other people involved was discussed. The deputy originally recommended the person be placed in segregated housing and the sergeants questioned the decision and required the deputy to verbalize the reasons for concern. During this observation, the sergeants determined the person should be housed in a multi-cell unit. One of the staff members interviewed regarding the use of segregated housing noted two people who identified as transgender were booked into custody several years ago and in those cases both people requested to be housed by themselves. In addition, both people were released</p>

from custody within a few days of their booking. The staff member used respectful language when discussing the people involved as evidenced by using gender neutral language and the staff member described the conversation with each individual that occurred. This was also evidence that housing decisions for people at risk of sexual victimization are considered with safety in mind for all people and ensure the person's preference on housing is taken into consideration before an individualized determination is completed. There was one inmate interviewed who reported prior sexual victimization and the person reported they were housed in a multi-cell unit after the booking process was completed. The facility is compliant with this subsection.

(b) Policy III-500 Inmate Sexual Contact provides directives regarding access to programs, privileges, education, and work opportunities to the extent possible for people housed in administrative segregation. The policy also provides direction for staff to document any restricted access. During interviews with eleven random inmates, the majority described being able to go to the library and recreation yards as scheduled. There was one inmate interview who was housing in segregated housing due to medical reasons for the first few days of their stay. The person described being able to access services during this time. Use of the recreation yards and library are completed on regular schedules. There was one inmate housed in an administrative segregation cell during the onsite audit. The inmate was not responsive to requests for an interview. The PREA Coordinator described efforts to move the person to a multi cell unit in booking when possible. The PREA Coordinator noted the use of administrative segregation for this person was only used during times of concern for safety.

There were no documented cases of limitations to programming that were observed during the onsite audit. The facility is compliant with this subsection.

(c) During interviews with random staff, all staff reported the use of segregated housing was only for the shortest amount of time necessary and no staff remembered anyone housed in administrative segregation for longer than 30 days. The Facility Head reported during his interview that a general practice is to not isolate inmates unless necessary for safety. The PREA Coordinator and additional staff who supervise inmates in administrative segregation reported the use of administrative segregation for the purpose of protecting someone from risk of sexual victimization, has not occurred that they remembered outside of the initial housing review completed at booking. There were documented inmate files of placement in administrative segregation temporarily based on threats of physical abuse. None of the inmate files reviewed, out of eight reviewed reflected use of administrative segregation due to risk of sexual victimization. Policy III-500 Inmate Sexual Contact provides direction to staff that an assignment of segregated housing for the purpose of risk of sexual victimization shall not ordinarily exceed a period of 30 days. The facility is compliant with this subsection.

(d) Policy III-Inmate Sexual Contact provides direction to staff to clearly document the basis of the facility's concern and the reason why no alternative means of separation could be arranged. Documentation was found in all eight inmate files reviewed of special considerations made during the person's stay. The facility is compliant with this subsection.

(e) Policy III-Inmate Sexual Contact provides direction to staff that every 30 days the facility will review an inmate's housing assignment in administrative segregation to determine whether there is a continuing need for separation from the general population. Of the staff interviewed none remembered any person housed in involuntary administrative segregation longer than 30 days. The inmate interviewed who had spent time in a medical cell for segregation, the

person noted they were housed there for no more than a few days until their medication was stable. The facility is compliant with this subsection.

UCDC is fully compliant with this standard.

115.51	<b>Inmate reporting</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre-audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25)</li> <li>3. Reporting Sexual Misconduct intake pamphlet</li> <li>4. No Means No Posters</li> <li>5. Inmate Handbook</li> <li>6. Inmate Kiosks</li> <li>7. Employee Policy and Procedure Manual (pg. 15)</li> </ol> <p>On site review:</p> <ol style="list-style-type: none"> <li>a. Booking area</li> <li>b. Housing areas</li> <li>c. Kiosks inside housing areas</li> <li>d. Telephone call to toll free PREA reporting number</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Random staff</li> <li>c. Random inmates</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) requires the agency to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During the interview with the PREA Coordinator he reported inmates can verbally report to any staff member, use the kiosk to submit an inmate request form, use the kiosk or tablet to submit a grievance, they can call the PREA hotline number that is free from the housing units to leave a message, or they can write to the Sheriff directly. The reporting phone number is listed on the intake reporting sexual misconduct pamphlet as well as in the inmate handbook and on the No Means No posters posted throughout the facility. The Sheriff's address and phone number is</p>	

listed on the reporting sexual misconduct pamphlet given at intake. The inmate handbook and No Means No posters reminds inmates they can report to any staff member, file an inmate request form, or file a regular or emergency grievance. During interviews with random inmates, ten of the eleven inmates reported they could talk to staff or call the hotline number. None of the eleven reported they would write to the Sheriff. Most reported they would just ask to talk with a staff member privately or put in a private message on the tablet to talk to a sergeant. One inmate reported they would not report anything to staff because they did not trust anyone. During interviews with the random staff, 100% of the eleven staff interviewed reported inmates could use the hotline number, file a request form or grievance, and likely the inmate would ask to talk with the staff member. During the onsite audit, the hotline number using both English and Spanish options was tested a total of four times. A report was generated all four times and immediately sent an email to all four detention sergeants. This ensures regardless of which supervisor is on shift that one of them will receive the report and be able to respond quickly. A review of grievances written on the tablets resulted in confirmation that at least one report of sexual misconduct was filed through the grievance option. A review on inmate request forms written on the tablets resulted in confirmation that at least one report of sexual misconduct was reported through this option. A review of investigation files confirmed that at least two reports were received through direct reports to staff. The facility is compliant with this subsection.

(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) requires the agency to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. UCDC does not detain people solely for civil immigration purposes. During the onsite audit, the PREA Coordinator reported that a public or private entity that agreed to report the allegation back to the facility was identified as a staff member in the county who does not work for the Sheriff's office. After the onsite audit, the PREA Coordinator confirmed the person agreed to have their phone number listed on the No Means No posters posted throughout the facility. Revised No Means No posters were provided to this auditor to review noting the person's phone number and name as a public entity that is not part of the UCSO who inmates can report to. The posters were revised in both English and Spanish and posted throughout the facility. The facility is compliant with this subsection due to immediate corrective action following the onsite audit.

(c) UCDC Policy III-500 (pg. 24-25) requires staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. During interviews with random staff, 100% of the eleven staff interviewed reported they would accept all types of reports. Regarding third party reports, a detention sergeant assisting with PREA compliance reported that family and friends of inmates are notified through the external website that they can report any concerns regarding sexual safety directly to the PREA Coordinator through phone or in writing and that all allegations will be investigated. During interviews with random staff, each of the detention deputies reported they would document the verbal report and notify the detention sergeant on shift immediately. During interviews with random staff, when asked if the allegation was against a member of the leadership team of UCSO, they reported they would report up through the chain of command and directly to the Sheriff if needed. During interviews with random inmates, approximately 50% of the inmates reported they would report verbally to a trusted staff member. Additionally, they reported they could call the outline or tell a family member. The facility is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The UCDC PAQ noted in the employee policy and procedure manual (pg. 15) notes harassment can be reported directly to human resources staff. During interviews with random staff, 100% reported they could privately report to the detention sergeants or Chief Deputy. Staff reported if they were not comfortable with reporting to a detention sergeant or the Chief Deputy they would report to an outside agency. 100% of staff were aware they were obligated to report any knowledge or suspicion of sexual abuse and sexual harassment and would not hesitate to do so, even if the allegation accused a staff member. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documentation, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy XI-1300 Grievance (pg. 4-5)</li> <li>4. No means No poster</li> <li>5. Inmate handbook</li> <li>6. Grievance files</li> <li>7. Inmate discipline report</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random Inmates</li> <li>b. PREA Coordinator</li> </ol> <p>Site review:</p> <ol style="list-style-type: none"> <li>a. Observation of PREA No means No posters</li> <li>b. Grievance form</li> <li>c. Tablet forms</li> <li>d. Correspondence box</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC reported in the PAQ there are grievance procedures to address inmate grievances regarding sexual abuse. Therefore UCDC is not exempt from this standard.</p> <p>(b) (1) Policy XI-1300 Grievance (pg. 4-5) directs there shall not be time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) Policy XI-1300 Grievance does apply time limits for all other types of grievances as 24 hours from the incident for initial reporting and 24 hours to appeal from the response if the inmate is not satisfied with the response. The inmate also has 24 hours of the appeal response to submit for a final appeal to the Agency head or Facility head. Policy XI-1300 Grievance (pg. 4-5) notes the exception to those time frames for incidences of imminent harm as well as allegations of physical and sexual abuse. (3) XI-1300 Grievance (pg. 4-5) notes inmates are not required to use any informal grievance process, or to otherwise attempt to resolve with staff regarding an alleged incident of sexual abuse. (4) There is no restriction on the agency's ability to defend against an inmate lawsuit on the ground that applicable statute of limitations has expired. The</p>

inmate handbook notes inmates may file an emergency grievance if they feel themselves or another inmate are in danger of or have been harmed or abused physically or sexually. The inmate is instructed to identify the grievance as an emergency when reporting in writing or verbally. The handbook also notes emergency grievances do not have to be submitted within the 24 hour time limit. The handbook also informs the inmate they may be disciplined if the filed grievance is in bad faith including malicious or frivolous grievances. There were three grievances filed including allegations of sexual abuse and sexual harassment. One of the three grievances was a follow up to an in person report made to a staff member. One grievance noted concern for not being able to talk to a staff member in person regarding an altercation between the inmate reporting an another inmate. The grievance did not specific a concern for his safety and did not report the nature of the altercation. The grievance was filed and two hours later there was a documented meeting between a detention sergeant and the inmate who filed the grievance. Although the filed grievance was not listed as an emergency the response time was in two hours. Another grievance was filed with a request to speak to a detention sergeant without any other details. The response time was two hours a four minutes from the time of the grievance filing until a sergeant spoke with the inmate. The allegation regarding a staff member was also reported initially in person to a staff member the day before the grievance was filed. The third grievance alleged sexual harassment and voyeurism by a staff member. The time in status of the grievance before action was two days and nine hours. The final response was in two days and nineteen hours. The grievance was not marked as an emergency nor did the inmate claim substantial risk of imminent harm. The facility is compliant with this subsection.

(c) The handbook also notes if a staff member is the alleged offender, they should submit their grievance through another staff member. Policy XI-1300 Grievance (pg. 4-5) requires a grievance submitted naming a staff member as the alleged abuser shall not be referred to respond to the grievance. Of the two grievances filed naming a staff member as the alleged abuser, both were responded by different staff members than the accused. The facility is compliant with this subsection.

(d) (1) Policy XI-1300 Grievance (pg. 4-5) requires the agency to issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The three grievances filed related to sexual abuse and sexual harassment were all resolved within the required time limits. (2) Policy XI-1300 Grievance (pg. 4-5) notes the computation of the 90 day time frame period does not include time consumed by inmates in preparing any administrative appeal. (3) XI-1300 Grievance (pg. 4-5) requires the agency to claim an extension of time to respond of up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The policy requires the agency to notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) XI-1300 Grievance (pg. 5) notes 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, the inmate may consider the absence of a response to be a denial at that level. The PREA Compliance manager provided an updated XI-300 Grievance policy on February 27, 2021, demonstrating immediate corrective action for this subsection. The facility is now compliant with this subsection.

(e) (1-2) The handbook notes inmates may file the emergency grievance by any means in which they feel comfortable to expedite the emergency grievance to include verbally, in writing through the table grievance form, anonymously or through a third party on their behalf. The

handbook notes the third part includes fellow inmates, staff members, family members, outside advocates, or attorneys. The handbook also notes the inmate needs to agree to have a grievance filed through a third party and pursue any subsequent steps in the grievance process. (3) Policy XI-1300 Grievance (pg. 4-5) requires the staff to document the inmate's decision to decline the filing of a grievance on their behalf. There were no documented grievances filed through a third on behalf of an inmate related to sexual abuse or sexual harassment during the twelve months prior to the audit. The facility is compliant with this subsection.

(f) (1) Policy XI-1300 Grievance (pg. 4-5) and the inmate handbook demonstrate the agency has established a procedure for the filing of an emergency grievance alleging that an inmate is subject to imminent sexual abuse. (2) Policy XI-1300 Grievance (pg. 4-5) requires staff to take immediately forward the grievance to a level of review at which immediate correction action may be taken in the event of a grievance filed alleging substantial risk of imminent sexual abuse. The policy also requires the initial response to be completed within 48 hours and the final decision within 5 calendar days. The policy requires the initial and final decision shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Of the three grievances filed related to sexual abuse and sexual harassment none of them claimed substantial risk of sexual abuse. One did report a possible fight would result in an altercation and that grievance response time was two hours. The facility is compliant with this subsection.

(g) Policy XI-1300 Grievance (pg. 4-5) and the inmate handbook demonstrate the agency will only discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 30)</li> <li>3. No Means No poster</li> <li>4. Documented attempt to enter into an MOU with SAFV (local rape crisis and victim advocacy organization)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random inmates</li> <li>b. PREA Coordinator</li> <li>c. Director of SAFV</li> </ol> <p>Site review:</p> <ol style="list-style-type: none"> <li>1. Housing areas, specifically looking for information about outside victim advocates for emotional support services.</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 (pg. 30) includes this provision in that it says inmates are provided access to outside victim advocates for emotional support services related to sexual abuse. SAFV is a local rape crisis center and victim advocacy organization who has an existing partnership with UCDC to provide services at the jail. Information regarding confidential emotional support services, including the address and free phone number to SAFV is listed on the No Means No posters posted throughout the facility. SAFV is listed as an organization the inmate can communicate with for emotional support services. During a phone call between this auditor, the PREA Coordinator, and the Director of SAFV, the access level for communication with inmates and requests for support were discussed. Inmates can write to the SAFV address using the legal mail process. Inmates can call safe using the phones and tablets and there is no cost for those calls. If an inmate requests in person support, the visits will occur in the clergy/attorney visit room which is a single room divided by a metal mesh that allows for communication to occur in a private setting. None of the inmates interviewed</p>

reported that they have access confidential emotional support services. Three of the eleven inmates interviewed reported they did not need to know about the services and assumed the information was provided somewhere for them. Two of the eleven inmates interviewed reported they were in counseling and would talk with their assigned counselor if they needed support. Six of the eleven inmates interviewed were reminded of the information on the No Means No poster and said they would access the services if needed. There were no inmates interviewed who reported sexual abuse in custody. There were inmates who reported concerns and prior sexual victimization. Those inmates were also reminded of the access to these services during the interview. UCDC does not house inmates solely for civil immigration purposes. UCDC is compliant with this subsection.

(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 30) requires inmates be informed, prior to giving them access, the extent of communication with emotional support services are monitored and the extent to which reports will be forwarded to authorities. The No Means No poster has a separate section for reporting from emotional support services. The poster also notes there is more information in the handbook on confidential emotional support services. There is information in the handbook regarding confidential mail and visits. The facility is compliant with this subsection.

(c) The PREA coordinator provided this auditor an email showing a request was submitted to the Uinta County Attorney to enter into an MOU with SAFV for providing emotional support services. The Director of SAFV reported by phone prior to the onsite audit that she has an existing partnership with UCDC and prior to the suspension of services related to the global pandemic the SAFV staff would provide services to UCDC inmates through regular support groups. In addition, she confirmed SAFV would provide emotional support services to inmates as requested. She noted she would not report allegations unless the person was under the age of 18 or a vulnerable adult per Wyoming mandatory reporting laws. UCDC is compliant with this provision.

The facility is fully compliant with this standard.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 (pg. 26)</li> <li>3. UCDC Website- PREA section</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Detention Sergeant task with PREA Compliance Management duties</li> <li>b. Random inmates</li> </ol> <p>Findings:</p> <p>UCDC Policy III-Inmate Sexual Contact (pg. 26) includes this standard. A detention sergeant assisting with PREA compliance management duties posted reporting options on the website and included information that third party reports would be accepted using the hotline number or contacting the PREA Coordinator. During random inmate interviews, eleven of the eleven inmates reported knowing third party reports were accepted.</p> <p>The UCDC is fully compliant with this standard.</p>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documentation, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25)</li> <li>3. UCSO Policy 1-14 Rules of Conduct (Rule #39)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. PREA Coordinator</li> <li>c. Medical staff</li> <li>d. Mental health staff</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) requires 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with eleven random staff resulted in 100% of staff reporting obligations including to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, retaliation against inmates or staff for reporting, and any staff neglect or violation of responsibilities. UCDC is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) includes this subsection. In addition, UCSO Policy 1-14 Rules of Conduct (Rule #39) requires staff to refrain from divulging confidential information to anyone outside of the agency. Interviews with all staff indicate 100% understand the need to keep information regarding an allegation on a need to know basis with other staff involved with the reporting, documenting, investigation, and follow up and no one else. UCDC is compliant with this subsection.</p> <p>(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) includes this subsection. During the interview with two medical staff, a nurse and a doctor, indicated understanding of their duty to report and said the report would be done immediately and the first person they would go to would be a detention sergeant. During the interview with the mental health staff, he noted the agency he works for has an informed consent release of information that is standard to have completed prior to initiation of services. He indicated understanding of requirement to</p>

report sexual abuse and to information inmates or his duty to report, including limitations of confidentiality, prior to initiation of services.

UCDC is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) includes the requirement for the agency to report the allegation to designated state or local services agency under applicable mandatory reporting laws is the alleged victim is under the age of 18 or considered a vulnerable adult. By definition a vulnerable adult means any person (18) eighteen or older who is unable to manage and take care of themselves or their money, assets of property without assistance as a result of advanced age (60 and over) or physical or mental disability. During the interview with the facility head he indicated an understanding of the definition vulnerable adult and noted the proximity of the facility to the state hospital can result in an increased likelihood of an adult with a mental disability being housed at the facility. During the interview with the PREA Coordinator he noted an understanding of this requirement both for the juveniles they house temporarily and adults in their custody. He confirmed the likelihood of an adult with a mental disability is higher due to the proximity of the facility to the state hospital.

UCDC is compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) this subsection. Interviews with eleven random staff indicated 100% were aware of the requirement to report all allegations to investigators at the facility and to include reports through third-party and anonymous reports. During the interview with the facility head he described his thought process on which investigator would be assigned to different cases depending on the circumstances. He noted, the assignment process would be same regardless of how the allegation was reported. UCDC is compliant with this subsection.

The facility is fully compliant with this standard.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documentation, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. Policy III-500 Inmate Sexual Contact (pg. 20)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Facility Head</li> <li>c. Random staff</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC reported in their PAQ no incidents of substantial risk of imminent sexual abuse. During random staff interviews, all staff interviewed reported there were no incidents of substantiated sexual abuse or risk of sexual abuse in the past year. UCDC policy Inmate Sexual Contact (pg. 20) includes this</p> <p>Provision. All of the staff interviewed reported steps such as separating the alleged victim and abuser.</p> <p>Staff spoke of the need to protect the victim as a serious concern and that they would do so immediately and also contact the detention sergeant or chief deputy. During the interview with the</p> <p>Sheriff, he indicated he is confident staff would take appropriate actions to protect someone be at imminent risk. There was no determination during the audit cycle that an inmate was subject to substantial risk of imminent sexual abuse.</p> <p>The facility is compliant with this standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documentation, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. Policy III-500 Inmate Sexual Contact (pg. 26)</li> <li>4. PREA allegation received from another facility</li> <li>5. PREA investigation</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Facility Head</li> </ol> <p>Findings (By Subsection):</p> <p>(a) The PAQ noted the facility received no allegations that an inmate was abused while confined at another facility. However, during the onsite audit, the PREA Coordinator noted a report from another county was received the week before the onsite audit. The PREA Coordinator provided the email notification from the other facility which was sent to the PREA Coordinator ten days after the allegation was made at the other facility. During the interview with the Agency Head he reported he was aware of the allegation and that it was investigated by the PREA Coordinator. On the day the allegation was emailed to the PREA Coordinator, an investigation was initiated. Information regarding the jail stay of both inmates involved in the inmate on inmate sexual abuse allegation. The investigation was determined to be unsubstantiated due to neither inmate being in custody at either the UCDC or the jail reporting the allegation. The investigation noted the case will be marked inactive unless contact is made with either inmate. During the interview with the Agency Head he noted he would hope the other jurisdictions Agency Head would call him directly. He was aware of the allegation noted above through the report from the PREA Coordinator. UCDC is compliant with this subsection.</p> <p>(b) Policy Inmate Sexual Contact (pg. 26) includes the requirement in this subsection. During the interview with the PREA Coordinator he reported if an allegation occurred at UCDC involving another facility he would notify the Agency Head and note the requirement for the notification to occur as soon as possible and no later than 72 hours to the other jurisdictions Agency Head. UCDC is compliant with this subsection.</p> <p>(c) For the report noted above, the PREA Coordinator did retain documentation regarding the allegation reported to the facility. During the interview with the PREA Coordinator he described the process for documentation and electronic retention of all investigations. UCDC is compliant with this subsection.</p>

(d) Although there were no allegations reported to other facilities, the PREA Coordinator did ensure the allegation reported to them was investigated per PREA standards. During the interview with the Agency Head he noted if UCDC reported an allegation to another jurisdiction they would ensure the allegation was investigated per PREA Standards. UCDC is compliant with this subsection.

The facility is fully compliant with this standard.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (Documents, interview, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-audit Questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 26-27)</li> <li>3. Written institutional plan</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Random staff</li> <li>b. Non-security staff</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy Inmate Sexual Contact (pg. 26-27) details the duties for non-security and security staff first responders. The subsection is included in the this policy. The PAQ indicated no allegations of sexual abuse that would allow for the collection of physical evidence. In addition to the policy a written institutional plan was provided to this auditor during the on site audit. The written institutional plan outlines first responder duties. (1) During interviews with security staff,</p> <p>there was clear understanding to separate the alleged victim and abuser. Staff reported they would put the alleged abuser in an administrative segregation, medical cell, or an empty multi-cell unit.</p> <p>(2) During security staff interviews, there was a clear understanding of the steps needed to secure and protect any crime scene until appropriate steps could be taken to collect any evidence. (3) During staff interviews there was clear understanding of the steps to take to preserve physical evidence and to ensure the alleged abuser did not take notes to destroy evidence. After further discussion there was clear understanding of the request to the alleged victim not to take steps to destroy evidence. (4) During staff interviews there was clear understanding of the steps to take to preserve physical evidence and to ensure the alleged abuser did not take notes to destroy evidence. After further discussion there was clear understanding of the request to the alleged victim not to take steps to destroy evidence. UCDC is compliant with this subsection.</p> <p>(b) This subsection is included in Policy III-500 Inmate Sexual Contact (pg. 26-27). The PAQ noted there are no longer non-uniform staff in the housing unit area in the control room. During interviews with contract staff and volunteers, there were no incidents of sexual abuse reported to any of the 8 staff interviewed. The requirement for non-uniform staff first</p>

responders to request the alleged victim not take any actions that could physical evidence and then to notify security staff is included in the policy. UCDC is compliant with this subsection.

The facility is fully compliant with this standard.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (Documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 3)</li> <li>3. Written Institutional Plan</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Random Staff</li> </ol> <p>Findings:</p> <p>Policy III-500 Inmate Sexual Contact (pg. 3) requires the facility to shall a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The facility staff utilized the template for small jails developed with Just Detention International. In interviewing the PREA Coordinator he reported a detention sergeant tasked with helping with PREA completed the written institutional plan. In reviewing the written institutional plan, there are sections for the facility head, PREA coordinator, PREA compliance manager, PREA liaison, jail medical and mental health providers, jail investigators, rape crisis advocate, investigating law enforcement, SANE/SAFE staff, county attorney’s office, and Uinta County victim witness coordinator. The protocol includes a plan for the following incidents: following a reported risk of imminent sexual abuse, following a suspected or alleged incident of sexual abuse, prior to transport to a medical forensic exam, during the medical forensic exam, if a forensic exam is not conducted, following the exam/acute care, and follow up care/long term duties. The written institutional plan was specific to Uinta County staff. During interviews with random staff members, 3 brought their procedures from the written institutional plan with them to the interview to help guide them. The facility has a thorough and detailed plan specific to their facility and their county’s resources.</p> <p>The facility exceeds this standard.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (Documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 22)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> </ol> <p>Findings (By Subsection):</p> <p>(a) Wyoming does not have collective bargaining agreements. Policy III-500 Inmate Sexual Contact (pg. 22) ensures compliance with this standard for any other agreements that may be entered into. UCDC is compliant with this subsection.</p> <p>(b) During the interview with the agency head, he confirmed there have been no collective bargaining or other staff advocacy agreements since August 2012. UCDC is compliant with this provision.</p> <p>The facility is fully compliant with this standard.</p>

115.67	<b>Agency protection against retaliation</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence reviewed (Documents, interviews, site review)</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. UCDC Completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 4)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency head</li> <li>b. Facility head</li> <li>c. PREA Coordinator</li> <li>d. Staff charged with monitoring retaliation</li> <li>e. No inmates were in segregated housing or reported sexual abuse were in custody to interview</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 (pg. 4) includes this standard to establish a procedure for retaliation monitoring.</p> <p>The designated staff members are listed in the PAQ and during the interview with the PREA Coordination he noted understanding this would be required in the event of a sexual abuse or sexual harassment allegation for the Agency Head and PREA Coordinator. UCDC is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 (pg. 4) includes this standard to establish a procedure for retaliation monitoring including multiple protection measures including 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. During interviews with the Agency head, Facility head, and the PREA Coordinator there was discussion regarding monitoring retaliation. The Facility head discussed the power and control dynamics in a facility and the importance to ensure staff in particular are not retaliating against an inmate for reporting an incident of sexual abuse or sexual harassment or a report. Of the five allegations of sexual abuse or sexual harassment during the twelve months prior to the audit, four were determined to be unfounded. One was unsubstantiated due to both inmates involved in the allegation being out of custody at the time the report was provided to UCDC PREA Coordinator. UCDC is compliant with this subsection.</p> <p>(c) UCDC Policy III-500 (pg. 4) includes this standard to establish a procedure for retaliation monitoring including a requirement to continuing monitoring retaliation for 90 days following a</p>	

report of sexual abuse. In addition, the policy requires the facility to monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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. The policy also requires action shall be prompt to remedy any such retaliation. During the interview with the PREA Coordinator he reported the facility would continue retaliation monitoring as long as it took to ensure safety of all parties involved. UCDC is compliant with this subsection.

(d) UCDC Policy III-500 (pg. 4) includes this standard to establish a procedure for retaliation monitoring including that for inmates monitoring shall include periodic status checks. During the onsite audit it was observed that the detention sergeants during rounds in the jail completed status checks for inmates who were not in general population during each of their shifts. During the interview with the PREA Coordinator he said inmate would be closely monitored to ensure they were safe and not being retaliated against. UCDC is compliant with this subsection.

(e) UCDC Policy III-500 (pg. 4) includes this standard to establish a procedure for retaliation monitoring including that any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect the individual against retaliation. The PREA Coordinator reported an understanding of this requirement in his interview. UCDC is compliant with this subsection.

(f) UCDC Policy III-500 (pg. 4) includes this standard to establish a procedure for retaliation monitoring including the obligation to monitor shall terminate if the agency determines the allegation is unfounded. UCDC is compliant with this subsection.

The facility is fully compliant with this standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (Documentation, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 21)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Staff who supervise inmates in segregated housing</li> <li>b. Agency Head</li> <li>c. PREA Coordinator</li> </ol> <p>Site review:</p> <ol style="list-style-type: none"> <li>1. Review of housing areas in booking and the hallway that included two administrative segregation cells.</li> </ol> <p>Findings:</p> <p>(a) UCDC reported in the PAQ that no inmates have who identified as alleged victims of sexual abuse or sexual harassment have been placed in protective custody or segregated housing. Policy III-500 Inmate Sexual Contact (pg. 21) requires that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements in Standard 115.43 and references the section in Policy III-500. During the interview with the Agency head he noted the alleged victim would not be isolated. He noted it is unlikely the separation of the alleged abuser and alleged victim would require two administrative segregation cells for any longer than six hours. He noted staff have called him when there were questions about appropriate housing and believes if a detention sergeant was available, staff would call him if there was a housing question regarding an investigation of sexual abuse or sexual harassment allegations. The Agency head also reported the use of the 72-hour cell in booking that has a day room as well as housing unit B is used regularly for inmates who are considered to be a potential risk to others. He noted this is preferred to using an administrative segregation or medical cell that is a single cell unit. Although, there were no inmates housed in administrative segregation for the purpose of protection for an alleged victim or for an alleged abuser, he did note use of the 72 hour cell due to safety concerns of an inmate being housed for murder. He noted he was involved the decision. During the interview with the PREA Coordinator he noted during one investigation of an allegation of inmate on inmate sexual abuse for contact with an inmate's buttocks on the outside of his clothes, the alleged abuser was moved to a different multi-cell unit than the alleged abuser during the investigation and they removed separated until the alleged victim's release.</p>

The facility is fully compliant with this standard.

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (Documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. UCDC Completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17 and pg. 28)</li> <li>3. UCSO Investigation policy 5-6</li> <li>4. Training records for UCSO investigative staff</li> <li>5. Investigation files</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. Investigative staff (UCSO Investigation Sergeant)</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC PAQ reported UCSO Investigation policy ensures investigations are completed promptly, thoroughly, and objectively for all allegations. During the interview with the PREA Coordinator and UCSO Investigation Sergeant, it was discussed a need to revise the UCDC Policy III-500 Inmate Sexual Contact to ensure the requirements of standard 115.71 were included in the policy staff would refer to for guidance related to sexual misconduct inside the detention center. Immediate corrective action was completed and a revised Policy III-500 Inmate Sexual Contact was received and reviewed February 17, 2021, including standard 115.71(a) noting the agency will conduct its own investigations into allegations of sexual abuse and sexual harassment, and it shall do so promptly, thoroughly, and objectively for all allegations, including third part and anonymous reports. A review of five investigation files confirmed all allegations were investigated promptly, thoroughly, and objectively for the audit cycle. The facility is compliant with this subsection.</p> <p>(b) UCDC PAQ reported the UCSO Investigation Sergeant would conduct the investigations and the investigations training records were provided showing special training in sexual abuse investigations. However, the training records did not include all training required in standard 115.34. During the onsite audit, interviews were conducted with the Agency Head, Facility head, Investigation sergeant, and the PREA Coordinator noting a need to have more than one investigator trained in all required elements listed in standard 115.34. After the onsite audit, the training curriculum for investigators developed by NIC was discussed as the training that will be used for detention staff to ensure all investigators of sexual misconduct have the required training. The facility is not compliant with this subsection. Corrective action is needed to ensure all investigators designated by the Facility Head have completed the required training elements listed in standard 115.34.</p>

(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) requires investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. In addition, the policy requires interviews with the alleged victims, suspected perpetrators, and witnesses. In addition, the policy requires a review of all prior complaints and reports of sexual abuse involving the suspected perpetrator. During the interview with the UCSO investigation sergeant, she reported she would follow this process as she was trained in sexual assault investigations. Five investigation files were reviewed showing interviews with the alleged victims and alleged perpetrators and witnesses. Although the policy requires these steps to be taken, until the UCDC detention staff are trained in these elements and the investigations show compliance with these steps, the facility is not compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) requires when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Of the five investigations conducted during the audit cycle, none of them contained evidence to appear to support criminal prosecution. During the interviews with the Facility Head and PREA Coordinator, both staff reported if there was a case that appeared to involve criminal behavior the county attorney as the prosecutor would be consulted on the case immediately. The facility is compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) requires the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The policy states the agency shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. There were no inmates in custody at the time of the audit who alleged sexual abuse to interview. The five investigations that were conducted during the audit cycle were reviewed and none of the files indicated the use of a polygraph examination or other truth telling device. During the interview with the UCSO investigation sergeant and the PREA coordinator, both staff confirmed the alleged victim would not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The facility is compliant with this subsection.

(f) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) notes administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. None of the five investigations completed during the audit cycle had substantiated findings. The UCSO Investigative sergeant and the PREA Coordinator confirmed that during incident review teams staff actions or failures to act would be reviewed to determine if staff contributed to the abuse. During the interview with the Investigative sergeant, she confirmed all reports of staff are documented including all evidence and findings and retained by the Chief Deputy. The reports would include a description of evidence, interviews, reasoning and facts and findings. The facility is compliant with this subsection.

(g) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) requires all criminal investigations to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence

where feasible. During the interview with the PREA Coordinator he noted a thorough understanding and experience with appropriately documenting in a written report a thorough description of physical, testimonial, and documentary evidence and to attach copies of all documentary evidence where feasible. There were no criminal investigation reports for the previous twelve months to review. The facility is compliant with this subsection.

(h) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) requires substantiated allegations of conduct that appears to be criminal to be referred for prosecution. There were no substantiated allegations during the audit cycle. During the interviews with the PREA Coordinator, Agency Head, Facility head, and Investigation sergeant, all four staff reported conduct that appears to be criminal would be referred for prosecution and they would work closely with the county attorney. The facility is compliant with this subsection.

(i) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) requires the agency to retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. During the interview with the PREA Coordinator, he reported she would retain all

written reports of sexual abuse and sexual harassment investigations for at least five years. He noted they would likely be kept much longer. There were no cases referred for prosecution in the previous twelve months to review. The facility is compliant with this subsection.

(j) UCDC Policy III-500 Inmate Sexual Contact (pg. 16-17) notes the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating the investigation. During interviews with the Facility head, PREA Coordinator, and Investigation sergeant, all three staff reported they would continue the investigation if the alleged abuser or victim left employment or was no longer under the control of the facility or agency. None of the allegations reported during the audit cycle were terminated based on the alleged abuser leaving the agency or custody. One the five investigations was reported after the two inmates involved were released from custody. The PREA Coordinator conducted the investigation even though neither the alleged victim or alleged perpetrator was in custody. The investigation report was reviewed by this auditor. The facility is compliance with this subsection.

(k) Auditor is not required to audit this provision.

(l) UCDC Policy III-500 Inmate Sexual Contact (pg. 30) notes when an outside agency investigates sexual abuse at UCDC, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. During interviews with the Facility head, PREA Coordinator, and the investigation sergeant, all three staff reported if an outside agency conducted an investigation at UCDC it would likely be due to staff involvement and it would either be the Evanston Police Department or the Wyoming Division of Criminal Investigation. If that were the case, they would request regular updates on the investigation and fully cooperate with the investigators. The facility is compliant with this provision.

UCDC is not compliant with this standard.

Corrective Action:

1. The agency shall train all UCDC investigators in special training in sexual abuse investigators pursuant to standard 115.34. (115.71(b))
2. After training, investigators shall be interviewed and be able to verbalize the steps to gather and preserve evidence, interview techniques for all parties involved, and shall verbally describe steps to review prior complaints and reports of abuse involving the suspected perpetrator. (115.71(c))

This Auditor was provided supplemental documentation on March 29, 2021, to demonstrate corrective actions taken by the UCDC administration regarding this standard. This documentation is discussed below. In addition, a phone interview occurred on March 30, 2021, with an investigative staff and the interview is discussed below.

Additional Documentation Reviewed:

1. Medical and Mental health staff training records

Additional Interview:

1. Investigative staff

(b) Through written communication with the PREA Coordinator on March 29, 2021, he confirmed the agency has had four staff fully trained in specialized investigator training and there are an additional two staff who are completing the training. He reported only the staff who have received the specialized training will complete sexual abuse investigations. On March 30, 2021, a phone interview was conducted with one of the staff members who completed the specialized investigative training. He reported the NIC training was a good refresher for Miranda and Garrity warnings and also described additional items he remembered from the training including the burden of proof required to substantiated an allegation, evidence collection protocols in confinement settings, and interviewing sexual abuse victims. The PREA Coordinator provided the training records for the four staff in an email to this auditor on March 29, 2021. The records were reviewed and this auditor found the training to comply with the requirements listed in standard 115.34. The facility is compliant with this provision.

(c) During the interview with investigative staff, he reported the first step is to separate the alleged victim and abuser, not allow the abuser to take steps to destroy evidence and request the alleged victim not take steps to destroy evidence, transport the victim to the hospital as needed, collect evidence, secure the scene, and talk to witnesses. The training the staff member completed included training the investigative staff to review prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigative staff noted the process for investigations would be the same for third party and anonymous reports. The investigative staff described the various evidence elements that would be preserved including

DNA evidence, clothing, bedding, materials used in the assault, interviews, and video footage.  
The facility is compliant with this provision.

The UCDC is compliant with this standard after completing corrective action.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 2)</li> </ol> <p>Interview with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator/Investigative Staff</li> </ol> <p>Findings:</p> <p>UCDC Policy III-500 Inmate Sexual Contact (pg. 2) included a section that no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the interview with the PREA Coordinator who is also an investigative staff reported understanding of this provision during his interview.</p> <p>The facility is fully compliant with this standard.</p>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 32-33)</li> <li>3. Investigative files</li> </ol> <p>Interview with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Detention sergeants who conducted investigations and reported findings to inmates</li> </ol> <p>Findings:</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 32-33) notes following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. There were five investigations during the audit cycle. Four of the five were determined to be unfounded. One was determined to be unsubstantiated as both the alleged abuser and alleged perpetrator were no longer in custody to be interviewed when the abuse allegedly occurred. The Facility Head, PREA Coordinator, and detention sergeants who completed investigations were interviewed and reported the alleged victim would be notified of the finding of the investigation. Two of the five investigation files had written documentation of the reported finding being provided to the inmate making the accusation. During interviews with the detention sergeants on February 8, 2021, it was reported two additional investigations resulted in verbally reporting to the inmate making the accusation the unfounded findings. The fifth investigation was concluded after both parties were out of custody. The facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 32-33) notes if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. There were no investigations conducted by outside agencies during this audit cycle. The facility is compliant with this subsection.</p> <p>(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 32-33) requires notification following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate of the whenever the staff member is no longer posted within the inmate’s unit, the staff member is no longer employed at the facility, the agency learns the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. The policy notes the agency is not required to report the above items if the agency has determined the allegation is unfounded. There were no inmates in</p>

custody that reported sexual abuse by a staff member during the onsite audit. The facility is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 32-33) notes following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no investigations during the audit cycle resulting in criminal charges being filed against an inmate who abused an inmate. The facility is compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 32-33) notes all such notifications or attempted notifications are documented. As noted above two of the four investigations that were unfounded had written documentation in the investigative file. Two of the four investigations had verbal reports to the inmates that were conducted and confirmed by the investigation staff on February 8, 2021, during post onsite audit interviews. The fifth investigation that was unsubstantiated did not have findings reported to the alleged victim as the alleged victim was out of custody at the time the facility was made aware of the allegation. The facility is compliant with this subsection.

(f) UCDC Policy III-500 Inmate Sexual Contact (pg. 32-33) notes the agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. The facility is compliant under this subsection.

UDCD is compliant with this standard.

115.76	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 970 360">Evidence reviewed (documents, interviews, site review)</p> <p data-bbox="252 405 411 439">Documents:</p> <ol data-bbox="252 472 1050 730" style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 22)</li> <li>3. UCSO Policy and Procedure Employee Manual (pg. 15-16)</li> <li>3. Interviews with the following: <ol data-bbox="252 763 459 797" style="list-style-type: none"> <li>a. Agency Head</li> </ol> </li> </ol> <p data-bbox="252 842 587 875">Findings (By Subsection):</p> <p data-bbox="252 909 1481 1189">(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 22) notes staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The UCSO Policy and Procedure Employee Manual (pg. 15-16) prohibits sexual harassment. There were no substantiated allegations of sexual abuse or sexual harassment committed by staff and therefore no discipline records for staff were reviewed. UCDC is compliant with this subsection.</p> <p data-bbox="252 1234 1481 1559">(b) UCDC reports in the PAQ there have been no allegations of sexual abuse committed by staff in past twelve months that were substantiated. UCDC Policy III-500 (pg. 22) includes this subsection. During interviews with random and targeted staff, 100% of all sworn staff interviewed indicated an understanding that there is zero tolerance for sexual misconduct and that they would be terminated for violating the policies. Three staff members reported that in 2002 a UCDC staff member was terminated for sexual abuse and the facility leadership has been clear that sexual misconduct will result in termination. UCDC is compliant with this subsection.</p> <p data-bbox="252 1603 1481 1895">(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 22) includes this subsection. During the interview with the Agency Head, he indicated zero tolerance for sexual abuse and sexual harassment and also serious considerations for termination in the case of unprofessional behavior. In the previous twelve months there have been no staff who have been discipline, short or termination, for violation of agency sexual abuse or sexual harassment policies. In the previous twelve months there have been no staff disciplined for violations of agency sexual abuse or sexual harassments. UCDC is compliant with this subsection.</p> <p data-bbox="252 1939 1481 2051">(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 22) includes this subsection. One incident described by random staff several years prior to the audit resulted in criminal charges related to the staff member's actions. UCDC is compliant with this subsection.</p>

The facility is fully compliant with this standard.

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (Documents, interviews, and site review):</p> <ol style="list-style-type: none"> <li>1. UCDC Completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy Inmate Sexual Contact (pg. 22-23)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Contract staff (nurse)</li> <li>b. Volunteers</li> <li>c. Facility head</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 22-23) ensures any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. During interviews with the contract staff and volunteers, 100% reported they understood there is zero tolerance for sexual misconduct and the allegation could be referred for prosecution for sexual harassment and sexual abuse against inmates. There were no allegations of sexual abuse or sexual harassment accusing a volunteer or contract staff if the previous twelve months. UCDC is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 22-23) states the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the interview with the Facility head, he noted emphatically that if there were a concern about a contract staff or volunteer committing sexual misconduct, that access to inmates would no longer be allowed. UCDC is compliant with this subsection.</p> <p>UCDC is fully compliant with this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Facility head</li> <li>c. Medical and mental health staff</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) notes inmate shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that they inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. There have been no administrative or criminal findings of inmate-on-inmate sexual abuse during the previous twelve months. The facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) notes sanctions shall be 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. During the interview with the PREA Coordinator he confirmed there have been no disciplinary sanctions during the audit cycle for inmates involving any element of sexual abuse or sexual harassment. The PAQ noted there have been no inmates subject to discipline sanctions related to sexual abuse or sexual harassment. The facility is compliant with this subsection.</p> <p>(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) notes the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. There were no disciplinary sanctions of inmates in the audit cycle as a result of sexual abuse or sexual harassment. During the interview with the Facility head he noted elements involving the inmate's prior behavior, disabilities, and or mental illness would all be considered when determining a sanction. The UCDC PAQ and interview with the PREA Coordinator confirmed there were no sanctions imposed related to sexual misconduct during the audit cycle. The facility is compliant with this subsection.</p> <p>(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) notes if the facility offers therapy,</p>

counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff confirmed there is no current offering to such programming. The facility is compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 23-24) notes the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During the interview with the PREA Coordinator he confirmed there were no such cases during the audit cycle. The facility is compliant with this subsection.

(f) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) notes for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation. During the interview with the PREA Coordinator he confirmed there were no disciplinary sanctions related to a bad faith or false reporting during the audit cycle. The facility is compliant with this subsection.

(g) UCDC Policy III-500 Inmate Sexual Contact (pg. 24-25) notes an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity sexual abuse if it determines that the activity is not coerced. During the interview with the PREA Coordinator he confirmed the facility does prohibit all sexual activity between inmates and follows the standard and policy. The facility is compliant with this subsection.

UCDC is compliant with this standard.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (Documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 18-19)</li> <li>3. Contract with Mental health care staff</li> <li>4. Contract with Medical staff</li> <li>5. Inmate electronic records in the Jail Management System</li> <li>6. Sample release of information for mental health services</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Medical staff</li> <li>c. Mental health staff</li> <li>d. Inmate who reported prior sexual victimization at booking</li> <li>e. Random staff who serve in the role of medical deputy</li> </ol> <p>On site review:</p> <ol style="list-style-type: none"> <li>1. Inmate records for medical treatment</li> </ol> <p>Findings (By Subsection):</p> <p>(a and c) Policy III-500 Inmate Sexual Contact (pg. 18-19) requires staff to offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening pursuant to standard 155.41. During the interview with the PREA Coordinator he reported one current inmate during the onsite audit, had disclosed prior victimization at booking. He also indicated she did not want any assistance from medical or mental health staff as she reported the victimization was in her past. During the interview with the inmate who reported prior sexual victimization, the person reported to this auditor that they did not want any further assistance. The person was aware of the option for emotional support services and mental health services. The person said they had addressed it and did not need anything currently. During the pre-audit phase of the audit, this auditor received a sample release of information to have signed if during the audit it was determined that mental health records would be required to confirm compliance with this standard. The mental health staff submitted an email with instructions for the release of information in order to ensure there was informed consent</p>

to obtain the records. There were no inmates interviewed who reported they were seeing mental health or medical staff related to prior sexual victimization, and therefore, there were no medical or mental health records to review. UCDC is compliant with this subsection.

(b) This facility is a jail and therefore this provision is not applicable.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 18-19) requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions. During the onsite audit, this auditor observed medical records are housed in file cabinets in the medical visit room. The room is locked unless a detention deputy or medical staff member is present. During the interview with a random staff member, who services as the medical deputy, he confirmed that he is always in the room when it is unlocked and therefore the medical records are secured to limit viewing by staff members who do not have a need to know the contents of the records. During the interview with medical staff who conduct visits at UCDC, the person confirmed access to the room with medical records is secured so that only the medical deputy and the medical staff have access to the records. During the interview with the PREA Coordinator, he showed this auditor the jail management system that has a flagging system to identify people who are at risk of sexual victimization and the assessment questions that include prior sexual victimization in an institutional setting. The PREA Coordinator confined only uniform staff who have a need to know for the purpose of housing, bed, work, education, and program assignments have access to the jail management system. If the prior institutional victimization allegation results in an investigation or follow up to the investigation the records would be listed in the jail management system as an internal investigation and lock from viewing except for staff that have a need to know related to their work on the investigation, incident review, or retaliation monitoring. UCDC is compliant with this subsection.

(e) Policy III-500 Inmate Sexual Contact (pg. 18-19) requires medical and mental health staff to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. During the pre-audit phase of the audit, this auditor received a sample release of information to have signed if during the audit it was determined that mental health records would be required to confirm compliance with this standard. The mental health staff submitted an email with instructions for the release of information in order to ensure there was informed consent to obtain the records. There were no inmates interviewed who reported they were seeing mental health or medical staff related to prior sexual victimization, and therefore, there were no medical or mental health records to review. UCDC is compliant with this subsection.

The facility is compliant with this standard.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed Pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 27)</li> <li>3. No Means No poster</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Medical staff</li> <li>b. Mental health staff</li> <li>c. Security staff first responders</li> <li>d. PREA Coordinator</li> <li>e. Local emergency room department staff</li> <li>f. County victim witness coordinator</li> <li>g. Random staff</li> <li>h. Local director of rape crisis center</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 27) requires inmate victims of sexual abuse shall received 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 judgement. During the interview with the PREA Coordinator he confirmed the local hospital would provide emergency medical care and the local rape crisis center would provide crisis intervention services. There were no inmates who reported sexual abuse resulting in medical care in the previous twelve months to interview and therefore no sample medical/mental health secondary forms/logs to review according to the PAQ and confirmed during interviews with staff during the onsite audit. During the two interviews with medical staff, both indicated they would recommend UCDC staff provide transportation to the local emergency department to provide emergency medical care. During the interview with the local emergency department staff, confirmation was received that the emergency department would provide emergency medical care. During the interview with the director of the local rape crisis center she reported they would provide crisis intervention services. She also reported a positive working relationship with UCDC staff and noted they reached out to her organization to provide support services for female inmates and she was impressed with the level of care and concern from UCDC staff for inmates in their care. During</p>

the interview with the county victim witness coordinator she reported she would also provide crisis intervention services as needed. During the interview with the mental health staff, the staff member reported they would recommend the victim be transported to the local emergency room and they would follow up with the victim and they had confidence the UCDC would provide emergency mental health services and notify him for follow up care. The No means No posters posted throughout the facility do list mental health services as an option for inmates with contact information for the mental health staff. UCDC is compliant with this provision.

(b) UCDC Policy III-500 (pg. 27) require that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental practitioners. The written institutional plan also lists the step of security first responders to protect the victim and immediately notifying the appropriate medical and mental health staff. During interviews with eleven random staff, 100% interviewed reported understanding

that if no medical staff were in the facility at the time of report, staff first responder duties

included protecting the victim and notifying medical staff and mental staff. UCDC is compliant with this subsection.

(c) UCDC Policy III-500 (pg. 27) includes assurance inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. During the interview with the emergency room department staff in

Uinta County staff indicated they are trained to care for sexual abuse victims which would include emergency contraception and sexually transmitted infections prophylaxis and inmates from UCDC would be offered the same services as people out of custody and the same quality of care. UCDC is compliant with this subsection.

(d) UCDC Policy III-500 (pg. 27) notes treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During the interview with the PREA Coordinator, he confirmed the victim

would receive treatment services without financial cost and regardless of whether the victim

names the abuser or cooperates with any investigation arising out of the incident. The emergency department staff reported a working relationship with UCDC staff that is built on trust and confidence the UCDC staff would ensure the victim was cared for. The emergency department staff reported her confidence is based on years of working together and the care and concern she has witnessed by UCDC staff. During the interview with the two medical staff and one mental health staff, all contract staff reported confidence that UCDC staff would ensure the victim was cared for and offered emergency medical and mental health staff. UCDC is compliant with this subsection.

The facility exceeds compliance with this standard through the establishment of multiple avenues to provide medical, mental health, and crisis response services in addition to the confidence level of emergency department staff, local rape crisis center staff, medical, and mental health staff that UCDC staff would provide care immediately to a victim of sexual abuse in their custody.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32)</li> <li>3. Contract for medical services</li> <li>4. Contract for mental health services</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Medical staff</li> <li>c. Mental health staff</li> </ol> <p>Onsite Review:</p> <ol style="list-style-type: none"> <li>1. Medical services room</li> <li>2. Interview room for mental health services</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32) requires the facility to 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. According to the completed PAQ the facility did not have any inmates in custody in the twelve months prior to the audit who reported prior sexual victimization at another facility. The PREA Coordinator provided contracts for medical and mental health services at the jail. The medical staff interview confirmed victims would be offered medical treatment as appropriate. The mental health staff interview confirmed victims would be offered mental health services as appropriate. During the onsite review of the facility, the medical room and interview room for use by mental health staff were observed and the services are offered in private settings. The facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32) notes the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interviews with the medical and mental health staff confirmed both staff have experience working with the facility and would provide the level of care requested by the facility including follow-up services and referrals for continued care as needed. The contracts for medical and mental health services include requirements for</p>

care and continued care referrals to meet the needs of the inmates being treatment at the jail. UCDC is compliant with this subsection.

(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32) notes the facility shall provide such victims with medical and mental health services consistent with the community level of care. The interviews with medical and mental health staff at the facility described services at the jail as comparable to community services they provide. One of the two staff members noted the care at the jail is often more than people in the community. There are no records to review as there were no inmates who

reported sexual abuse during this audit cycle. UCDC is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32) requires inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. During the interview with the medical staff, he noted pregnancy tests are regularly completed upon request and would be available in the case of a sexual abuse involving vaginal penetration. The PREA Coordinator reported if the medical staff was not available, the local public health department could also provide pregnancy tests. There were no female inmates who reported sexual abuse during this audit cycle, therefore, there were no records to demonstrate that female victims were offered pregnancy tests. UCDC is compliant with this subsection.

(e) UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32) notes if pregnancy results from sexual abuse in the facility, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. During the interview with the PREA Coordinator, he reported the department of family services could assist in this circumstance. If the victim decided to obtain an abortion, there are abortion clinics is a nearby state. The PREA Coordinator confirmed that facility staff would provide transportation and supervision of the inmate to obtain an abortion.

UCDC is compliant with this subsection.

(f) UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32) requires inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The interview with medical staff, confirmed STD testing is readily available for all inmates and regularly conducted. He conformed if a victim of sexual abuse would be offered STD testing. UCDC is compliant

with this subsection.

(g) UCDC Policy III-500 Inmate Sexual Contact (pg. 19, 31-32) notes treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The interview with the PREA Coordinator confirmed a victim would not be charged with ongoing care costs. There were no inmates who reported sexual abuse during this audit cycle and therefore no records to review if the person would not be charged with ongoing care costs. UCDC is compliant with this subsection.

(h) This facility is a jail and therefore this provision is not applicable.

The facility is fully compliant with this standard.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (Documents, interviews, site review)</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. UCDC Completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 34-35)</li> <li>3. Incident review form</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Agency Head</li> <li>c. UCSO Investigator</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 34-35) requires the facility to 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. The PAQ reported there have been no sexual abuse allegations in the last twelve months that were substantiated. The week prior to the onsite audit an allegation was reported from another facility and the investigation was determined to be unsubstantiated due to neither party being available to be interviewed. The completion of the investigation occurred five days prior to the onsite audit. During the interviews with the Agency Head, PREA Coordinator and the UCSO investigation, they confirmed there have been no substantiated sexual abuse allegations in the past twelve months. All three staff also reported it is standard practice for them to review critical incidents and utilize the incident review form to document the review. The facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 34-35) includes a time frame to complete the incident review ordinarily within 30 days of the conclusion of the investigation. The PREA Coordinator reported incident reviews are ordinarily completed quickly upon conclusion of any type of investigation. The investigation that was concluded prior to the onsite audit needs to be conducted within 30 days of the conclusion. The facility is compliant with this subsection.</p> <p>(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 34-35) includes information about who would be on the review team including upper level management officials, with input from line supervisors, investigations, and medical or mental health practitioners. Interviews with the facility administrators (Agency Head and PREA Coordinator) indicated they would be included in the Abuse Incident Review Team and they would bring in the investigator, additional detention sergeants, medical staff, mental health and line staff as needed. During the interview with the investigator, she noted she would be included in the incident review team.</p>

The facility is compliant with this subsection.

(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 34-35) includes the requirements for specific items to be reviewed including: (1) consider changes to policy or practice, (2) consider motivation for abuse including race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or gang affiliation or other group dynamics at the facility. The incident review would

include assessment of adequate staffing, whether monitoring should be deployed. A report of the findings and recommendations would be submitted to the Agency Head for review and the Facility head and PREA Coordinator if they were not directly involved with the incident review. UCDC

is compliant with this subsection.

(e) UCDC Policy III-500 (pg. 34-35) requires the facility to implement the recommendations for improvement or document its reasons for not doing so. UCDC is compliant with this subsection.

Recommendations:

1. UCDC staff would benefit from development of a Sexual Abuse Review Team form to include

considerations (1)-(5) and this would serve as the report of its findings. The form could also

have a section to make recommendations for improvements and documentation of

implementation of the recommendations or reasons for not doing so. This form could then be

submitted to the Agency Head and PREA Coordinator for retention.

The facility is compliant with this standard.

115.87	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence reviewed (documentation, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC Completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 35-36)</li> <li>3. Annual report with aggregated data for calendar year 2020</li> </ol> <p>Interview with the following:</p> <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Detention Sergeant performing PREA compliance manager duties who posts data on the external website</li> </ol> <p>Findings (By Subsection)</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 35-36) requires UCDC to collect accurate and uniform data for every allegation of sexual abuse that occurs in the UCDC. The PREA Coordinator provided aggregated data for the 2020 calendar year on February 17, 2021. The data included the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 35-36) requires UCDC to aggregate annually all sexual abuse incident data. The annual report for 2020 demonstrated the data is aggregated annually. The facility is compliant with this subsection.</p> <p>(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 35-36) requires the facility to maintain, review, and collect data from all available incident based documents, including reports, investigation files, and sexual abuse reviews. The 2020 annual report indicates a review of available documents was completed for the calendar year. The facility is compliant with this subsection.</p> <p>(e) The agency does not contract for the confinement of its inmates. Therefore, this provision is not applicable.</p> <p>(f) The agency has not been requested by the Department of Justice to complete the survey of sexual violence. Therefore, this provision is not applicable.</p> <p>UCDC is compliant with this standard.</p>

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (Documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy III-500 Inmate Sexual Contact (pg. 36)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager responsible for posting annual report to external website</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 36) requires the agency to review data collected and aggregated as detailed in this subsection. The PAQ notes there have been no reports. During interviews with the Agency head and PREA Coordinator both staff confirmed data for an annual report is being collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including identifying problem areas, and taking corrective action on an ongoing basis. The final 2020 annual report was provided to this auditor on February 17, 2021, showing the facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-Inmate Sexual Contact (pg. 36) requires the annual report must include a comparison of the current year's data and the corrective actions with those from prior years and provide an assessment of the agency's progress in addressing those areas. The 2020 annual report notes it is the first annual report for UCDC and does describe corrective action steps and problem areas identified for the prior years and the actions taken in 2020. The facility is compliant with this subsection.</p> <p>(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 36) requires the annual report to be approved by the Sheriff and made available on the public website or, if it does not have one, through other means. The 2020 annual report was approved by the agency head and published on the external website of the UCSO on February 27, 2021. The facility is compliant with this subsection.</p> <p>(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 36) authorizes the agency to redact certain information as authorized by this standard. The 2020 annual report did not include any information that would present a clear and specific threat to the safety and security of the facility. There was no redacted information in the report and no personal identifying information of staff or inmates involved in the investigations listed through aggregated data. The facility is compliant with this subsection.</p>

UCDC is compliant with this standard.

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. UCDC completed pre-audit questionnaire (PAQ)</li> <li>2. UCDC Policy Inmate Sexual Contact (pg. 37)</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> </ol> <p>Findings (By Subsection):</p> <p>(a) UCDC Policy III-500 Inmate Sexual Contact (pg. 37) requires all sexual abuse and sexual harassment data collected be retained. During the interview with the Agency Head and PREA Coordinator, the requirement of the annual report and posting on the website was discussed. The PREA Compliance Manager provided notification of the website posting on the external website to this auditor on February 27, 2021. The facility is compliant with this subsection.</p> <p>(b) UCDC Policy III-500 Inmate Sexual Contact (pg. 37) requires UCDC to annually make all aggregated data available to the public. The 2020 annual report is posted on the UCSO external website to ensure the annual aggregated data is available to the public. The facility is compliant with this subsection.</p> <p>(c) UCDC Policy III-500 Inmate Sexual Contact (pg. 37) requires the facility to remove all personal identifiers on the data before making the aggregated data publicly available. The PREA Compliance Manager confirmed all personally identifying information was not included in the 2020 annual report before posting the report on the public website. The facility is compliant with this subsection.</p> <p>(d) UCDC Policy III-500 Inmate Sexual Contact (pg. 37) requires the agency to maintain data collected for at least ten (10) years after the date of its initial collection. The PREA Coordinator confirmed data collected would be retained for at least ten (10) years after the date of its initial collection. The facility is compliant with this subsection.</p> <p>UCDC is compliant with this standard.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This audit is the first audit of this facility. The agency operates only one facility. This auditor was allowed full access to all areas of the facility and full access of all documents needed to substantiate compliance with the PREA National Standards. This auditor was able to interview staff and inmates in a private setting. Inmates were provided the address to this auditor to correspond as requested.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This is the first audit of this facility. The PREA compliance manager has been informed of the requirement to post the final audit report on the external website. The agency has the means to complete this posting alongside the first annual PREA report.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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.)	na
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.13 (b)</b>	<b>Supervision and monitoring</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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

<b>115.14 (b)</b>	<b>Youthful inmates</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
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
	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
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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 if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
	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	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	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
	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

<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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

<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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

<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	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
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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 receive 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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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 or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (b)</b>	<b>Protective Custody</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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no

<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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

115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit 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

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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 inmate 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
	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
	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
	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

<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, 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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na