

# PREA Facility Audit Report: Final

**Name of Facility:** Alpha House

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/29/2016

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> Cathy Slack	<b>Date of Signature:</b> 11/29/2016

AUDITOR INFORMATION	
<b>Auditor name:</b>	Slack, Cathy
<b>Address:</b>	
<b>Email:</b>	casconsulting@outlook.com
<b>Telephone number:</b>	
<b>Date of facility visit:</b>	07/18/2016

FACILITY INFORMATION	
<b>Facility name:</b>	Alpha House
<b>Facility physical address:</b>	3109 1st Avenue North, Billings, Montana - 59101
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input checked="" type="radio"/> Other community correction facility

Primary Contact			
<b>Name:</b>	John Williams	<b>Title:</b>	Director
<b>Email Address:</b>	jwilliams@altinc.net	<b>Telephone Number:</b>	406-259-9695 ext 129

Warden/Superintendent			
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Facility PREA Compliance Manager			
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Facility Health Service Administrator			
<b>Name:</b>	George Skeckleton	<b>Title:</b>	Dr.
<b>Email Address:</b>		<b>Telephone Number:</b>	406-294-9609

Facility Characteristics			
<b>Designed facility capacity:</b>		200	
<b>Current population of facility:</b>		206	
<b>Age Range</b>	<i>Adults: 18-76</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>		DOC residents are on Inmate Status;	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>			

AGENCY INFORMATION	
<b>Name of agency:</b>	Alternatives Inc
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1001 South 27th Street, Billings, Montana - 59101
<b>Mailing Address:</b>	
<b>Telephone number:</b>	406-294-9609

Agency Chief Executive Officer Information:			
<b>Name:</b>	David O. Armstrong	<b>Title:</b>	CEO
<b>Email Address:</b>	darmstrong@altinc.net	<b>Telephone Number:</b>	406-294-9609 ext 207

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Rick Alan Deady	<b>Title:</b>	Emergency Safety Planner/PREA Coordinator
<b>Email Address:</b>	rdeady@altinc.net	<b>Telephone Number:</b>	406-294-9609 ext 300

## 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.

The Alternatives, Inc. agency of Alpha House contracted with Cathy Slack, CAS Consulting, Inc. On May 18, 2016 to conduct back to back audits of Alpha House and Passages which are community confinement centers located in Billings, Montana. The purpose of this audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA Auditor.

On June 6, 2016 several notices were posted in both English and Spanish throughout Alpha House announcing the upcoming audit. These posters explained the purpose of the audit and provided residents with the auditor's contact information. An email was sent to the auditor by the PREA Compliance Coordinator to verify the posters were posted consistent with DOJ auditing expectations. Email notification of the PREA On-Line Audit System (OAS) for Alpha House was sent on July 11, 2016.

The Prison Rape Elimination Act (PREA) on-site audit of Alpha House a community corrections facility under the authority of Alternatives, Inc. in Billings, Montana was conducted by Cathy Slack, a U.S. Department of Justice Certified PREA Auditor. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with data included in the Pre-Audit Questionnaire which was submitted through the PREA On-line Audit System (OAS). The documentation reviewed included agency policies, facility procedures, PREA forms and educational materials, training curriculum and documents, organizational charts, posters, brochures, floor plans, camera locations, resident and employee handbooks and other PREA related materials that were provided to demonstrate compliance with the PREA standards. Answers to the questions were submitted by the PREA Coordinator for review and documentation was uploaded to the PREA On-line Audit System (OAS). This review prompted a series of questions that were reduced to emails and submitted to the PREA Coordinator for review and uploading further required documentation.

The on-site audit portion of Alpha House was conducted over a three day period beginning Monday, July 18, 2016 through Wednesday, July 20, 2016. While at the facility the auditor also reviewed resident case records through the Total Offender Management (TOM) System, staff training records, investigative

reports and additional program information and documents. The tour of Alpha House began on Monday, July 18, 2016 at 8:15 a.m. and was completed by 9:15 a.m.

The tour included the three buildings where approximately 201 male residents reside and approximately 77 staff work. The auditor toured Alpha House escorted by the PREA Coordinator. The auditor observed among other things the configuration of Alpha House, location of cameras and mirrors, staff supervision of residents, resident housing layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. There were group showers and toilet facilities. Notices of the PREA audit were posted throughout the facility in common areas, hallways, phone rooms. The auditor was given security access to all parts of the facility and to review the DOJ tour protocol. The auditor talked informally to staff and residents during walk-throughs of Alpha House during the course of the audit. The tour began on the 1st floor which contained the Public Access area, Kitchen and dining area, Client Advisor/Camera area, administration offices, records office and 4 classrooms. The 2nd floor was where the housing was located for Alpha House with approximately 180-190 residents. The basement area included a recreation area, job development and 5 classrooms and discharged records office. There were also two honor buildings, Honor building 1-6 which contained 16 residents and Honor Building 7-9 which contained 25 residents in the honor housing. Shortly after the tour, the NIC PREA Video was viewed by the auditor. The PREA video is in both English and Spanish.

During the two and one half days of the on-site audit, the auditor was provided a private area from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff, residents and contractors. The auditor interviewed 10 random residents; 1 disabled; 1 LGBTI residents which included 1 gay resident. Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. There were a total of 12 resident interviews conducted at Alpha House.

There were 12 random staff members representing all three shifts. The shifts were 1st shift 7:00 a.m. to 3:00 p.m.; 2nd shift 3:00 p.m. to 11:00 p.m.; and 3rd shift 11:00 p.m. to 7:00 a.m. Included in the 15 staff interviews were specialty staff including medical (contract staff), counseling, first responders, incident review team, staff monitoring retaliation, facility investigators, intake and screening, human resources and training individuals. There were 4 shared staff interviewed who provided services between Alpha House and Passages. Those shared interviews consists of Agency Head, PREA Coordinator, 1 Medical Contractor and Human Resource Manager. There were 3 agencies that provided shared services between Alpha House and Passages and phone interviews were conducted to include Sane Staff from the Billings Clinic which provided forensic exams; Billings YWCA Gateway Program (Rape Crisis Center) which provided emotional support and Great Falls Transition Center for 3rd party reporting. Interviews consisted of questions using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse and first responder duties. The auditor reviewed personnel files for 5 staff members to determine compliance with the training mandates and background check procedures. The Total Offender Management System for Case files for 5 residents were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. There was a total of 34 staff interviews conducted at Alpha.

There are on-site medical services at Alpha House include 1 medical Physician who is on contract with Alpha House and Passages and 1 License Practical Nurse (LPN). Alpha House had 1 allegations of

sexual abuse or sexual harassment in the past 12 months and this auditor was notified on August 1, 2016.

On the final day of the on-site audit, a debriefing was held with the Chief Executive Officer, Chief Operating Officer, Director of Alpha House, Director of Human Resources and the PREA Coordinator. The purpose of this meeting was to summarize preliminary audit findings. During this process, specific feedback was provided and included program strengths and areas for improvement as it related to PREA standards.

Thirty days following the on-site portion of the audit, an initial audit findings report was submitted to the Alpha House Director and the PREA Coordinator. At this time, on August 19, 2016 Alpha House entered into the six month corrective action period to address deficiencies in 5 PREA standards.

### **Facility Characteristics:**

The auditor's description of the audited facility should include details about the type of the facility, 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.

Alpha House confines male residents in state and federal work release programs. Alpha House serves as an intermediate step between prison and the community. Male offenders live under 24-hour supervision for approximately six months. They are required to obtain employment, participate in counseling, abstain from the use of drugs or alcohol, maintain strict accountability for facility rules, obtain a residence for release, and demonstrate they are ready to return to the community as productive citizens. There are 162 state beds available at Alpha House, plus three sanction beds. Additionally, Transition Living Program (TLP) capacity is 20 participants and Enhanced Supervision Program (ESP) capacity is 40 participants. The Transitional Living Program is offered to offenders who have completed the residential phase of a Pre-release Center (PRC) program. These offenders reside in the community at an approved residence and report to the Pre-Release daily at a time established by a counselor. The Pre-Release program offenders complete a 24-hour itinerary and are monitored daily by Pre-Release Center personnel. Transition Living Program allows offenders the opportunity to safely integrate back into the community, assume increased personal responsibility, and ensure to the greatest extent possible the safety and welfare of the community. The Enhanced Supervision Program is recognized as an effective means for Probation and Parole officers to manage high-risk offenders in the community. Case Managers test offenders' breath and urine for drugs at the PRC, handle daily check-ins, and have weekly meetings with probation and parole. The statistics for race are 68.8% Caucasian, 28.3% Native American and 2.2% African American with less than 1% Asian or unknown.

The composition of residents at Alpha House are a mix of Montana Department of Corrections offenders transitioning from incarceration from prison and those committed to the Department of Corrections and identified as needing a step-down facility to allow for reintegration into the community and Federal Bureau of Prison offenders needing a structured step down for reintegration into the community. All residents are screened by a screening committee for approval and denial of placement. This process allows for a level of control of the type of offenders placed in the facility and for the administration to determine the appropriate levels of staffing to address the security necessary to provide safety and continued functioning of the program.

Alternatives, Inc. mission is to promote public safety and challenge offenders to become responsible productive citizens through firm, fair, consistent supervision, treatment, and education.

The Passages building houses the administrative offices of Alternatives, Inc. and the food service operation for both the men's and women's facilities to include Alpha House. The first floor also contains the public access entrance. Each floor has office space for treatment personnel and a monitoring station for security, the 2nd floor is a housing unit and the basement has classrooms, a recreation area and a job-re-entry office.

Alpha House has a designed male facility capacity of 200. The current population on the first day of the audit was 201. There were 848 residents admitted to the facility during the past 12 months. There were 226 residents admitted to the facility during the past 12 months who were transferred from a different community confinement facility. There were 801 residents admitted to the facility during the past 12 months whose length of stay in the facility was for 30 days or more. There were 844 residents admitted to the facility during the past 12 months whose length of stay was for 72 hours or more. The age range is from 18 to 76 adult residents. Average length of stay is 170.25 days. There is 77 staff assigned to Alpha House.

Security cameras are in place throughout the interior and exterior. Cameras are strategically placed in order to provide for the maximum range of surveillance possible. All footage is recorded utilizing Digital Video Recorder (DVR) systems located in the Client Advisor offices. Access to the DVR's is restricted to the Assistant Director (AD) and his/her designee(s).

**Summary of Audit Findings:**

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

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

Number of standards exceeded: 1

115.231 Employee Training

Number of standards not met: 6

115.215 Limits to Cross-Gender Viewing and Searches-Corrective Action Verified 11/9/16

115.216 Residents with Disabilities and residents who are Limited English Proficient-Corrective Action Verified 11/9/16

115.232 Volunteer & Contract Training- Corrective Action Verified on 8/12/16

115.235 Specialized Training Medical and Mental Health-Corrective Action Verified on 8/12/16

115.241 Screening for risk of Victimization and Abusiveness-Corrective Action Verified 11/20/16

115.264 Staff First Responder Duties-Corrective Action Verified on 8/18/16

Number of standards Met: 34 with 2 non-applicable in this category

115.212 Contracting with other entities for the confinement of inmates

115.266 Collective Bargaining

## **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.

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alpha House has a zero tolerance policy ALT-A22 Prison Rape Elimination Act 2003 addresses zero tolerance of sexual abuse and sexual harassment which includes definitions. This policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Alternatives ALT-H17 Sexual Harassment policy under personnel section dated August 20, 2012 also has additional information of the agency's policy of sexual abuse and sexual harassment. There are several policies which include sanctions for those found to have participated in prohibited behaviors. It is referenced in ALT H1 Employee Handbook, ALT H33 Staff Conduct and ALT H43 Fraternalization policy. This supports 115.211 section (a).</p> <p>An interview was conducted with the PREA Coordinator and he is responsible for PREA at both Alpha House and Passages. There are PREA Compliance Managers at each facility. The PREA Coordinator has indicated that his flex schedule allows him to address his position as the Emergency Safety Planner and PREA Coordinator. The PREA Coordinator portion of his job is his primary focus and even though he has an office at Passages, he is able to maintain his presence at both facilities as they are located approximately 1.5 miles from each other. The organizational chart dated March 2016 indicates the PREA Coordinator reports to the Human Resource Director. The Job Description for the PREA Coordinator is dated January 20, 2016 and signed by the PREA Coordinator on April 4, 2016. The PREA Coordinator has received PREA training through NIC. This supports 115.211 section (b).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 Prison Rape Elimination Act Policy</li> <li>• ALT –H1 Employee Handbook Policy</li> <li>• ALT-H17 Sexual Harassment</li> <li>• ALT-H33 Staff Conduct Policy</li> <li>• ALT- H43 Fraternalization Policy</li> <li>• Agency Organizational Chart</li> <li>• PREA Coordinator Job Description</li> </ul>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard is Not-Applicable. Alternatives, Inc. uses County jails to house residents who are pending removal from the facility. These county jails are required to take these offenders as they are Montana Department of Corrections or Federal offenders. No contracts are required.</p> <p>The auditor relied on interviews with the Agency Contract Administrator, and review of the facility policy in making this determination.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ALT-A22 PREA policy requires the facility to develop a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. Alpha House provided a facility floor plan with camera locations for each floor. Alpha House maintains the composition of residents are a mix of Montana Department of Corrections (MTDOC) offenders transitioning from incarceration from prison and those committed to the Department of Corrections and identified as needing a step-down facility to allow for reintegration into the community and Federal Bureau of Prison offenders needing a structured step down for reintegration into the community. All residents are screened by a screening committee for approval and denial of placement. This process allows for a level of control of the type of offenders placed in the facility and for the administration to determine the appropriate levels of staffing to address the security necessary to provide safety and continued functioning of the program. This supports 115.213 section (a).</p> <p>SOP K26 Client Advisor Scheduling section A. states, "The scheduling will ensure that the greatest number of staff are scheduled in the late afternoon and evening hours to be available when most residents are in the facility and awake. Ideal staffing for each shift would be four on day, five on swing shift, and no less than three on night shifts. However, each shift minimum will be three. B. The Client Advisor staff will be scheduled to ensure that at least one female staff member is scheduled on the 3:00 p.m. to 11:00 p.m. shift. This is necessary to cover urinalysis collection for female community clients. C. Each Shift will have a CA IV, or In-Charge who has completed or in the process of completing the CA IV Check-list. D. Deviations from the staffing plan must be pre-authorized by the Director. If a deviation should occur due to a call-off, the on-call will direct the shift leader to call in back-up within the existing Alpha House CA staff, passages CA Staff and may include upper management within the agency. See the CA structure if need be to fill the shift to minimum standards. E. The staffing plan will be reviewed annually to determine whether changes need to be made to the plan, the deployment of monitoring technology, or the allocation of agency/facility resources. F. Shift preference may be based on seniority and staffing needs. Staff will be assigned a shift and</p>

days off may be changed based on agency needs. Staff will be asked to change shifts in the order of seniority. If a staff member does not wish to change days off or shifts, the next in line will be asked until someone is found."

The Alternatives-A22 PREA policy states, "2. The Chief Operating Officer and the Director at Alpha House are designated as the PREA Compliance Managers and are responsible for oversight of all Prison Rape Elimination Act (PREA) related activities at each facility. The Director(s) will coordinate facility/program PREA related activities as follows: c. Develop and document a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. Supports section (a) and (c) of this standard.

The agency Alternatives, Inc. is in the process of preparing Solicitation of Services to review, replace and upgrade cameras and DVR recording abilities for Alpha House. The solicitation will happen after July 1, 2016 in the new fiscal year. The 2016-2017 staffing plan annual review will contain specific details of the upgrade and purchase. Alpha House does conduct an annual review of the staff plan. A review of ALT 18 PREA form on Annual Staffing Plan for Alpha House was completed on 6/22/16 and has not received any recommendations for changes in staffing or video or other surveillance technologies.

The average daily number of residents housed at the Alpha House is 213.

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- SOP K26 Client Advisor Scheduling
- PREA-Alpha Camera Locations
- ALT A22 Prison Rape Elimination Act
- ALT 218 PREA Annual Staffing Plan Review ALPHA 2016

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alpha SOP K14 Searches Policy specifically mandates that strip searches and body cavity searches are only conducted by same gender or medical personnel and must be approved by the administrator. In the past 12 months, there were 0 cross-gender strip or cross-gender visual body cavity searches of residences that did not involve exigent circumstances or were performed by non-medical staff. This supports section (a) and (c).</p> <p>The population for Alpha House is over 200 and is a male facility. Section (b) is non-applicable.</p> <p>SOP K14 Searches Policy requires female staff to knock and announce themselves before entering a resident room. Per this policy female staff are not allowed to enter resident bathrooms. SOP K6 Headcount, Walk-through and Daily Room maintenance Checks requires staff members entering rooms, housing residents of the opposite gender must announce</p>

themselves prior to entering the rooms. When the status quo of the gender-supervision on a housing unit changes from exclusively same gender, to mixed- or cross-gender supervision, the opposite-gender staff is required to verbally announce their arrival on the unit. The announcement is required for both custody and non-custody staff, and may include, for example, a clinician or case worker who spends time on the unit, or senior staff making supervisory rounds. Per interview with random staff, females are announcing their entering the resident's rooms and thinking their voice is enough for residents to know a female is in the area; however, they are not announcing, i.e., female on floor or female in unit. This information supports standard 115.215 (d).

SOP K14 Searches Policy, page 3, G. Strip Searches second paragraph states, "Staff will not search or physically examine any resident for the sole purpose of determining their genital status." Supports 115.215 (e).

Alternatives, Inc. implemented training for all security staff Client Advisors using the NIC's video and curriculum for Guidance on Cross-Gender and Transgender Pat Searches training July 2016. Alternatives, Inc. to date has never had a transgender or intersex resident. It is recommended that in addition to the video training, practical application training be provided in regards to guidance of searching Cross-Gender, Transgender and Intersex residents. Supports 115.215 section (f).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- Alpha SOP K14 Searches
- Random staff interviews
- Resident Interviews

Corrective Action Required:

- It is recommended to add a 6 minute training reminder of all female staff to announce.
- Include or update Searches Training
- Document Training

Verification of Corrective Action since Audit:

As of October 5, 2016 verification of the 6 minute training provided to Alpha House staff announcing their presence on the residential units at Alpha House and documentation of that training was received. As of October 5, 2016 documentation of Cross-Gender/Transgender Pat Search Training and documentation of training provided and staff attending the training was received.

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Currently there are no residents who are deaf, blind or have low vision, or those who have

intellectual, psychiatric or speech disabilities. There was 1 hard of hearing resident interviewed; however, he indicated he read and understood how to report sexual abuse and sexual harassment and had received the PREA training. ALT-A22 PREA Policy for Alpha House includes a definition for "Special Needs Offender: Offenders who may require accommodations, arrangements, or programming different from the general population offender. Special needs offenders may include, but are not limited to, developmentally disabled, mentally ill, physically handicapped, chronically ill, chemical dependent, and others considered vulnerable or predatory who may require special protection or management." ALT –A22 also states, "Designated staff shall communicate the information verbally and in writing, in a manner that is clearly understood by offenders, including those with limited English proficiency, deaf, visually impaired or otherwise disabled as well as residents who have limited reading abilities." Alpha house does not have a list of interpreters or designated staff or a contract with any languages or other required services for disabled residents who can interpret or assist if needed. The statistics for race are 68.8% Caucasian, 28.3 Native American and 2.2% African American with less than 1% Asian or unknown. There are no contracts with any language services that provide immediate translations services via telephone or any staff assigned as translators. There are posters in English and the PREA video is in English with Spanish subtitles. At this time there are no residents assigned to Alpha House who are limited English Proficient. This is in reference to 115.216 section (a).

SOP K13 Resident Control of Other Residents policy, "No resident shall be requested to assume any staff person's duties for any reason (answering telephone, watching the desk, etc.) residents will not be used as interpreters for other residents unless there is an immediate need due to safety or health concerns. Exceptions will be reported to the Deputy Administrator on use of Resident Interpreter form (ALT79). Based on staff interviews, the facility does rely on resident interpreters or resident assistants to assist other residents." This is in reference to 115.26 section (c) and does not meet the standard.

This is an area that requires reinforcement in anticipation of future need. Specifically, a policy update is needed, training for staff, and/or MOU's are required to assure the availability of translators and interpreters.

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT A22 PREA Policy
- ALT 179 Interpreter Use Form
- K13 Resident Control of Other Residents
- Random Staff Interviews
- Agency Head Interview

Corrective Action Required:

- Develop a list of staff interpreters. The statistics for race at Alpha House are 68.8% Caucasian, 28.3 Native American and 2.2% African American with less than 1% Asian or unknown. Sincere there is a large population of Native Americans may want to investigate any staff that may be able to speak Native American specific to this region.
- Contract with Native American translators for translation services or language line services and sign language services.
- Develop PREA training for staff that residents shall not be used as resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where

an extended delay in obtaining an effective Interpreter could compromise the resident's safety, the performance of first response duties.

- Investigate a need for PREA documents by utilizing statistics and/or initial assessment and screening information on documents that may need to be translated, for example, PREA Posters, PREA videos or a written orientation regarding PREA training for resident education.

Verification of Corrective Action since the Audit:

- An Excel spreadsheet is provided that identifies four (a) Alpha House staff that can provide interpretive services covering Spanish, Japanese, Mandarin Chinese and American Sign Language. Alpha House will continue to review staff interpreters as new employees come on board and will update and maintain this list as needed. Documentation of this spreadsheet dated August 12, 2016 was received by email on October 6, 2016.
- Language Line Solutions contracted and Alternatives, Inc. has established an account with Language Line Personal Interpreter to provide 24/7 interpreter services for Alpha House. Documentation of email to Alternatives from Language Line Solutions received 8/23/16. Language Line provides services in over 200 languages, including American Sign Language Services utilizing Skype or Facetime video conferencing. Documentation of training instructions to staff on accessing Language Line Services dated September 2016 was verified. Language Line documents six (6) Native American Languages with services available to assist with Native American residents. Alternatives, Inc. has also contacted and drafted Memorandum of Understanding's (MOU's) with representatives of each of the seven (7) Tribal Community Colleges with For Peck Community College signed MOU was received October 4, 2016. The remaining six (6) MOU's with the Tribal Colleges will be follow-up with and executed as quickly as the Tribal College staff respond and follow-up with these documents: Example of MOU was reviewed.
- Six Minute training (PREA Staff Interview-Part 3, Updated September 2016, Crucial Issues and discussion, Item #1) "Does the agency ever allow the use of resident interpreters, resident readers or other types of residents assistants to assist disabled residents or residents with Limited English proficiency when making an allegation of sexual abuse or sexual harassment?". Six Minute Trainings are conducted weekly and each facilities staff have discussed this training and the revised answers to item #1 on an ongoing basis. PREA Coordinator will also address PREA issues at monthly all-staff meetings.
- Alternatives, Inc. is also exploring the use of Smart Phone and Android Wear programming by downloading the Microsoft Translator application on agency issued phones to assist staff with communications during everyday communications with limited English proficient residents that will allow immediate real-time translations for both staff and resident.
- Alternatives, Inc. has downloaded the Babylon Translator Program which includes a document translation feature that will allow Alternatives, Inc. to translate and print documentations in any 35 different languages (See attachments of PREA Poster, PREA Orientation Packet and Passages Resident Handbooks into Spanish.
- Alternatives, Inc. has also established an account with Translation Services-USA an online translation services that can translate any documents into any of the 12 Native American Languages within four to five business days an email explaining services was dated July 29, 2016. This email included estimated cost and ability to translation PREA Orientation Language into Crow if needed.
- Alternatives, Inc. has PREA Orientation Video in Spanish with Spanish subtitles. A copy of this was provided to the auditor on October 6, 2016.

Alternatives, Inc. has researched numerous and multiple ways to provide assistance to Limited English Proficient residents to include follow-up services for Native Americans.

115.217	Hiring and promotion decisions
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.217: Alternatives, Inc. H44 Hiring Process policy section C. 3rd and 4th Paragraph Hiring Process policy prohibits hiring a candidate, or enlisting the services of any contractor, who has engaged in sexual abuse in a confinement setting, or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse. This also applies to those that have been civilly or administratively adjudicated to have engaged in such activity. The agency will directly ask all applicants about misconduct of this nature during the hiring process. Incidents of sexual harassment are taken into consideration whether to hire or promote an employee, or enlist the services of any contractor, who may have contact with residents. Supports 115.217 section (a), (d) and (f).</p> <p>Alternatives H26 Staff Background Checks policy ensures that background checks may be performed for new hires, current staff, temporary employees, interns, volunteers, contractors and current staff if position change requires. New hires are not put on permanent status until the background checks are successfully completed. The criminal history background checks include: Drug Alcohol Test, Nationwide Check, Local Check, Driving Record Check, and Alternatives reserves the right to check financial history, etc., if appropriate. Supports 115.217 section (c).</p> <p>Human Resource staff meets with the new hire for an orientation on or around their first day and at that time explains the importance of full disclosure and the background checks. Permanent employment status is contingent on successfully passing the reference checks and all of the background checks listed for Drug &amp; Alcohol Test, Nationwide Check, Local Check and Vehicle Insurance Driving Record. All staff are made aware of continuing affirmative due to disclose and previous misconduct on form ALT 144. Supports 115.217 section (g).</p> <p>Alternatives, Inc. may also perform background checks before enlisting the services of any contractor who may have contact with residents. Background checks will be conducted at least every 5 years on current employees and contractors who have contact with residents. This includes any contractor who may have contact with residents as well. A background check is performed by an employee of the Montana DOC on staff who are having a fifth anniversary. A staff anniversary list is run for the coming year, usually in October. Anyone in the upcoming year having a 5, 10, 15, 20 or so anniversary is sent over for a background check prior to January 1 of the new year. (c)-1. This was confirmed on an interview with the Human Resource staff. The facility does consider prior incidents of sexual harassment when determining to hire or promote anyone. Supports 115.217 section (b) and (e).</p> <p>ALT H44 Hiring Process policy page 3, E. "If a candidate is selected, the Human Resource</p>

department will make a conditional offer of employment. The offer is conditional pending successful completion of background, medical, reference checks and any other conditions of employment. Human Resources will make its best effort to contact all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation into such activity. Human Resources will provide such information to potential institutional employers, unless prohibited by law. Supports 115.217 section (c).

If staff changes positions within the agency, there may be a change needed in their background checks. Staff changing or being promoted to management will receive background checks. All background checks are to be in the process within three working days of hire. When a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. Supports 115.217 section (c).

SOP H20 Employee Discipline policy page 1 A. states, "Disciplinary action shall be taken in the form of verbal warnings, written warnings, suspensions, the employee being placed on notice and/or termination. Any of the following conduct may be grounds for disciplinary action up to and including immediate suspension or termination. #9. Sexual Harassment. All employees have a responsibility to report any incident of this nature to their supervisor. Should an incident involve a supervisor, immediately contact the next level of command. #10. Falsification of employment application, resume, alien work authorization papers or other official record identification." Supports 115.217 (g).

In the past 12 months, the number of persons hired was 77 who may have contact with residents who have had criminal background record checks. In the past 12 months, there were 2 contracts for services out of 2 where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents.

#### Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT H44 Hiring Process Policy
- ALT H26 Staff Background Checks Policy
- ALT H20 Employee Discipline
- Personnel files showing background checks and 5 year background checks
- Human Resource Staff Interview

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alpha House is equipped with video surveillance equipment in all common areas. There are fixed monitors in place dedicated to camera display and playback in the main monitoring station of both facilities. Alternatives, Inc. is in the process of replacing the camera system at Alpha House with new equipment and anticipates a 25% increase in cameras (currently 72). Control doors and alarm doors are also present and add in monitoring or restricting client and staff movements. There are records of door usage by staff badge available as needed. Supports standard 115.218 (a) and (b).</p> <p>The Client Advisor V updated the floor plans for each of the three floors at Alpha House to indicate current location of Cameras and which DVR each camera was associated with. This review indicated a total of 40 cameras on the 1st floor; 26 cameras on the 2nd floor and 6 cameras in the basement for a total of 72 cameras and 4 DVRs. The Client Advisor V and PREA Coordinator conducted a PREA review of camera locations and areas needing camera locations to improve and reduce blind spots and ensure safety of residents and staff. This review took place in May 2016. The review resulted in identifying 62 additional possible camera locations for the 1st floor; 33 possible locations on 2nd floor, 5 possible locations in the basement and 7 possible locations in the Honor Dorms. The total possible new cameras: 107 locations. The review indicated that the number of cameras could be reduced due to new technologies or types of cameras available (360 degree; 180 degree; motion activated, etc.) that would allow for a reduced number of additional cameras. Supports 115.218 (a) and (b).</p> <p>The Agency in June of 2016 prepared an Invitation of Bid for interested companies to tour and review the current Alpha House Camera and DVR system prior to submitting a bid. The Floor plans with current camera locations and the additional camera review were provided to interested bidders. The bid process is still open and to date Alternatives, Inc. has received 2 completed bids and will continue to accept bids through the end of July. Tentatively, an August 2016, decision should be made and with Board of Director's approval a winning bidder selected with upgrade/installation occurring shortly thereafter. Supports (a) and (b).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• PREA Alpha Camera Locations</li> <li>• Camera Bid</li> </ul>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Section (a) of this standard is Not Applicable as Alpha House refers all allegations regarding

sexual assault to the Billings Police Department for criminal and administrative investigations.

The Billings Police Department is responsible to follow a uniform evidence protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. According to the Memorandum of Understanding with the Billings Police Department the following MOU references: 1. Scope of Assistance a. Billings Police Department iii. "Such investigations should comply with the following PREA Standards. 1. 115.221 Evidence Protocol & forensic medical examinations (a)-(e). 2. 115.234 Specialized Training: Investigators 3. 115.271 Criminal and Administrative Agency Investigations. 4. 115.272 Evidentiary Standard for administrative investigations. This supports 115.221 section (b).

Forensic exams are conducted at the Billings Clinic by a SANE person. The Billings Clinic is located in Billings, Montana and has a SANE sexual assault nurse examiner on call 24 hours a day. There is 11 SANE staff at the Billings Clinic. The auditor conducted a phone interview with the Billings Clinic SANE staff which references 115.221 (c) and (h). ALT-A22 PREA Policy Page, 7, H. Examination of Sexual Abuse Victims 2. States, "Facility administration will ensure that offenders who allege they are victims of sexual abuse will have access to the following services a. Medical examinations, documentation, and treatment of injuries, including testing for pregnancy, HIV and other sexually transmitted diseases. These services will be provided without financial cost to the alleged victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." There were no forensic examinations conducted in the last 12 months. This supports standard 115.221 section (c).

Alternatives, Inc. maintains an MOU with Billings YWCA Gateway Program which is the agency designated as the local community Rape Crisis Center and also provides counseling and victim advocacy services. Alpha House has 3 staff members who are Licensed Clinical Professional Counselors or Licensed Clinical Social Worker who can provide an emotional service if a Billings YWCA Gateway Program counselor is not available. Should a Victim Advocate from Billings YWCA Gateway Program not be available, both Alpha House and Passages would have one of their Mental Health Professionals (LCPC or LCSW) staff accompany the resident during the forensic medical examination process and investigatory interviews. This documentation supports 115.221 (d) and (e).

Internal PREA Investigators for Alpha House include the Deputy Administrator, Assistant Director and Operations Supervisor. These facility PREA Investigators have completed the online course "PREA: Investigating Sexual Abuse in a Confinement Setting" from the PREA Learning Center and these facility investigators are primarily responsible to stabilize the situation, see the immediate victim needs are met and to obtain a sufficient understanding of the complaint to make a formal report of the alleged incident to the Billings Police Department. Supports section (a).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT A22 PREA Policy
- Alternatives Inc. MOU with Billings YWCA
- ALPHA Mental Health Staff Credentials
- MOU with Billings Police Department

115.222	<p><b>Policies to ensure referrals of allegations for investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>A Memorandum of Understanding with the Billings Police Department (BPD) indicates that in the event of sexual abuse or sexual harassment refer to the BPD. The MOU outlines the responsibility of the BPD in regards to administrative and criminal investigations. The ALT-A29 Internal PREA Investigator Description &amp; Duties policy requires that all allegations of sexual abuse are conducted by the BPD. The BPD is responsible to follow a uniform evidence protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. According to the Memorandum of Understanding (MOU) with the BPD the following MOU references: 2. Scope of Assistance a. Billings Police Department iii. “Such investigations should comply with the following PREA Standards. 1. 115.221 Evidence Protocol &amp; forensic medical examinations (a)-(e). 2. 115.234 Specialized Training: Investigators 3.115.271 Criminal and Administrative Agency Investigations. 4. 115.272 Evidentiary Standard for administrative investigations.</p> <p>ALT A29 Internal PREA Investigator Description indicates the facility PREA Investigators are responsible for responding to all allegations of sexual assault and are to notify the BPD of any findings from the preliminary investigation. This agency works with the BPD and the Montana Department of Corrections’ Investigation. It is the Billings Police Department’s responsibility to conduct all administrative and criminal investigations. ALT-A29 Internal PREA Investigator Description &amp; Duties policy is posted on the website <a href="http://www.altinc.net/prea/">www.altinc.net/prea/</a> along with the MOU with the BPD. This supports 115.222 (a), (b) and (c).</p> <p>Since the audit, the PREA Coordinator is coordinating PREA training with the BPD for their Detectives and patrol officers at a shift briefing. The PREA Coordinator has also developed “A Guide to the prison Rape Elimination Act of 2003” Pamphlet and the Billings Police Department Orientation-Roles and Responsibility power point for further PREA training.</p> <p>In the past 12 months there was 1 allegation of sexual abuse that was received. This was referred for a criminal investigation. Supports 115.222 (a).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT Inc. Billings Police Department MOU</li> <li>• ALT–A22 PREA Policy</li> <li>• ALT-A29 Internal PREA Investigator Description and Duties</li> <li>• PREA-ALPHA SSIV14 completed form of incident 1 of 1</li> <li>• ALPHA-PREA Incident</li> <li>• Agency Director Interview</li> </ul>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.231 Alternatives, Inc. H45 Staff Training Requirements mandates all new employees to complete a new employee checklist which includes 30 hours. Full time employees receive 40 hours of training each fiscal year. The power point presentation training(s) on Prevention, Identification, and Handling of Sexual Abuse/Sexual Assault Incident/PREA, Sexual Harassment and Discrimination also references zero tolerance The Alternatives, Inc. Annual Training Plan covers section (a)-1 through (a)-10 of this standard. SOP ALT H17 Sexual Harassment policy supports zero tolerance in the workplace and regular training shall be provided to staff. It is the policy of Alternatives, Inc. to comply with all state and Federal laws applicable to sexual harassment. Supports 115.231 section (a).</p> <p>The Annual Training Plan curriculum discussed 2. Gender Responsive Programming a. Defining Gender, b. Differences between Men and Women and c. Gender Research. Section 3 discussed Gender Distinctions a. Offense Pathways, b. Institutional Supervision. This Curriculum discussed Social and Cultural lifestyles of the offender. Alternatives, Inc. provides this Gender training to all employees. Supports 115.231 section (b) of this standard.</p> <p>As of the date of the audit all 77 employees have received PREA training. All staff are required to sign the PREA Acknowledgement and Statement of Understanding form stating they have received the PREA training and understands their responsibilities. Staff sign PREA Staff Orientation Statement of Understanding, ALT 31 Fraternalization and Conflict Statement and ALT 144 Employee Standard of Conduct forms. Between training the agency provides employees who may have contact with residents with refresher training and information about current policies regarding sexual abuse and sexual harassment such as the NIC 6 minute training information. There is also Offender PREA training through case management, PREA Training for all staff, LGBTI PREA Training, PREA Risk Assessment and PREA Residential general information. This supports 115.231 section (c).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• Annual Training Plan 2016</li> <li>• ALT–H45 Staff Training Requirement</li> <li>• ALT-H17 Sexual Harassment</li> <li>• PREA-Sexual Harassment Annual Training Power Point Presentation</li> <li>• NIC 6 Minute Training Information</li> <li>• Offender PREA Training-Case Management</li> <li>• PREA Training-All Staff</li> <li>• PREA Training Records</li> <li>• PREA Staff Orientation Sign-off</li> <li>• Staff Interviews</li> </ul>

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>There are no volunteers assigned to Alpha House and only 1 contractor who is a physician and based on an interview he has not been trained in PREA. This does not meet the standard requirements. This references 115.232 section (a).</p> <p>The agency's ALT A22 PREA policy and ALT-H2 Volunteer/Intern Procedure requires all volunteers and contractors who may have contact with residents to be trained on PREA requirements. The training materials cover all the required topics. Volunteers, Interns and Contractor training is done in either an individual or group setting. All are provided with a copy of ALT A22 PREA Prison Rape Elimination Act. To date, Alpha House has not utilized volunteers for services instead requiring the residents to obtain their services and support networks in the community. There was only one contract person who shared services for both Alpha House and Passages. All volunteers and contractors are required to sign a PREA Acknowledgement Form that states they have been trained on PREA and understand their obligations therein. This references 115.232 section (a), (b) and (c).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• ALT-H2 Volunteer Intern Procedures</li> <li>• PREA Volunteer-Contractor Training</li> <li>• PREA Volunteer Contractor Power Point Presentation</li> <li>• Training Records</li> <li>• Interview with Volunteer and Contractors.</li> </ul> <p>Corrective action required: Training must be conducted and a signed acknowledgement of understanding of PREA Training must be signed by the Physician (contract person). This must be completed within the 180 day corrective action period.</p> <p>Verification of Corrective Action since the Audit: As of August 12, 2016 verification of the Physician's PREA training was received along with the signed acknowledgement and understanding of the PREA Training.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.233 Alt-A22 PREA Policy refers to PREA Offender Training (curriculum) which is provided to each resident regarding the zero tolerance policy on sexual abuse/sexual harassment at

intake. During orientation and within 7 days of arrival, all offenders will receive information about sexual abuse/sexual harassment regardless of the supervision level, status, disciplinary or administrative status. This includes: reporting, prevention, intervention and victim services. This includes their rights to be free from retaliation for reporting such incidents and information on policies regarding sexual abuse and sexual harassment. Staff interviewed indicated that intake PREA orientation normally happens on the first day the resident is admitted to Alpha House. This references 115.233 section (a).

The Pre-Audit Questionnaire submitted by Alpha House reported there were 226 residents transferred from different community confinement facility during the past 12 months and all 226 residents received refresher information. All residents residing longer than 72 hours are provided an orientation to Alpha House regardless of their referral source. Supports 115.233 section (b) of this standard.

A311 Special Needs intake addendum requires staff to read the various papers to the individual if he has a reading comprehension or sight problem. The case manager is also to provide a case note outlining the resident's special needs limitations and place a copy in the Client Advisor file. Alpha SOP-L3 Special needs policy is for recognize that staff may need to provide additional assistance and support in many areas, such as reading, filling out forms and reading of the resident handbook which includes PREA information. Supports 115.233 section (c).

SOP L30 Special needs policy is for staff to read the various papers to the individual if he has a reading comprehension or sight problem. The case manager is also to provide a case note outlining the resident's special needs limitations and place a copy in the Client Advisor file. The A352 PRC Screening applications assists with documentation of education level information. This policy is for staff to recognize that staff may need to provide additional assistance and support in many areas, such as reading, filling out forms and reading of the resident handbook which includes PREA information. Currently, there are no Limited English Proficient residents. There were 2 hard of hearing residents at Alpha House and they were both interviewed and indicated they read and understood PREA and knew what to do in case of a sexual abuse or sexual harassment incident The facility should be able to provide PREA training in other languages via a translation service and visually impaired should receive the training orally. The facility should be able to ensure there are services provided for those residents that are deaf or hard of hearing. Supports 115.233 section (c).

Residents sign the PREA Offender Statement of Understanding to demonstrate they have received PREA training and they understand their rights under PREA and specifically understand the ways they can report sexual abuse and sexual harassment. Supports 115.233 section (d).

PREA posters are on display in all hallways, classrooms, staff break rooms, common areas, laundry areas, and kitchen/dining areas. The residents are provided a Resident Handbook which has PREA information including the YWCA Gateway address and phone number (406)245-4472 and address which is 909 Wyoming Avenue, Billings, Montana 59101. There is also a number for Great Falls Transition Center (406)-727-0944 and address 1019 15th Street North, Great Falls, MT 59401. Each resident receives a card at the time of orientation with the PREA Coordinator's contact information. Residents also view the NIC PREA video during the

intake process and the video is both in English and Spanish subtitled. The facility ensures key information about PREA is continuously and readily available and visible to residents. Supports 115.233 section (e).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- PREA Offender Training Curriculum
- ALT-A22 PREA Policy, page 4
- Alpha SOP-L3- Special Needs
- A311 Special Needs Intake Addendum
- A352 PRC Screening application
- PREA Offender Training Videos English and Spanish
- PREA Offender Statement of Understanding
- PREA-Alpha Poster information
- Alpha Resident Handbook
- Staff interviews
- Resident interviews
- Observation of Posters on Tour

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="252 168 896 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1468 571">Alpha House refers all allegations of sexual abuse to the Billings Police Department for administrative and criminal investigations. Since the audit, the PREA Coordinator is coordinating PREA training with the Billings Police Department for their Detectives and patrol officers at a shift briefing. The PREA Coordinator has also developed “A Guide to the prison Rape Elimination Act of 2003” Pamphlet and the Billings Police Department Orientation-Roles and Responsibility Power point for further training and review of PREA requirements.</p> <p data-bbox="252 616 1476 907">Internal investigations are conducted by the Internal PREA Investigators for Alpha House which is the Deputy Administrator, Assistant Director and Operations Supervisor. These facility PREA Investigators have completed the online course “PREA: Investigating Sexual Abuse in a Confinement Setting: from the PREA Learning Center and are responsible to stabilize the situation, see the immediate victim needs are met and to obtain a sufficient understanding of the complaint to make a formal report of the alleged incident to the Billings Police Department.” This supports 115.234 section (a) and (b).</p> <p data-bbox="252 963 1476 1086">The agency maintains certificate of completion for each internal investigator of the NIC PREA: Investigating Sexual Abuse in a Confinement Setting. Training records have been reviewed by this auditor. This supports sections 115.234 section (c).</p> <p data-bbox="252 1131 1476 1377">This part (section d) of the standard is Non-Applicable as the Billings Police Department is responsible to provide training to its agents and investigators. According to the Memorandum of Understanding (MOU) with the Billings Police Department 1. Scope of Assistance a. Billings Police Department iii. States, “Such investigations should comply with the following PREA standards: 2. 115.234 Specialized Training Investigators.” This supports Section (d) of 115.234.</p> <p data-bbox="252 1433 1013 1467">Policy, Materials, Interviews and other Evidence Reviewed</p> <ul data-bbox="252 1478 1141 1646" style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A29 Internal PREA Investigator Description and Duties</li> <li>• ALPHA-PREA Internal Investigator NIC Documentation/Certificates</li> <li>• MOU with Billings Police Department</li> </ul>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="252 1843 896 1877"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1921 523 1955"><b>Auditor Discussion</b></p> <p data-bbox="252 2000 1468 2123">Alpha House has 5 medical and mental health care practitioners who work regularly in its facilities who have received the training required by policy. 1) How to detect and assess signs of sexual abuse and sexual harassment. 2) How to preserve physical evidence of sexual</p>

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. The Resident Handbook indicates residents may also call the YWCA Billings Gateway at (406)245-4472 or write 909 Wyoming Avenue, Billings, MT 59101 for emotional support. (a) (c). Alternatives, Inc. Training Plan requires all medical staff to take the Medical Health Care for Sexual Assault Victims in a Confinement Setting and requires case managers, LAC's, LCPC/LCSW Treatment Assistants, Specialized Mental Health Managers, Intake/Assessment Managers to take the Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Supports 115.235 section (a).

This section of the standard is non-applicable as the facility does not conduct forensic exams. Forensic exams are conducted at the Billings Clinic by a SANE person. The Billings Clinic has a SANE sexual assault nurse examiner on call 24 hours a day. There are 11 SANE staff at the Billings Clinic. The auditor conducted a phone interview with the Billings Clinic SANE staff. This supports section (b) of this standard.

Training provided for Medical staff is NIC Health Care for Sexual Assault Victims in a Confinement Setting and the PREA Orientation/education training. Mental Health staff receive NIC Training for Behavior Health Care for Sexual Assault Victims in a Confinement setting along and PREA Orientation/education training. Medical and mental health care practitioners also receive the training mandated for employees under §115.231 or for contractors and volunteers under §115.232, depending upon the practitioner's status at the agency. The physician/contract person has not received the required PREA training. Supports 115.235 section (c) & (d).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- Annual Training Plan 2016
- ALT-A22 PREA Policy
- ALT-H45 Staff Training Requirements
- Excel Training Spreadsheet
- Alpha Resident Handbook-Emotional Support Information
- Behavioral Health Care Certificate
- Personnel and Training Records
- Interviews from Health Care Staff

Corrective action required:

Training must be conducted and a signed acknowledgement of understanding of PREA Training must be signed by the Physician (contract person). This must be completed within the 180 day corrective action period.

Verification of Corrective Action since the Audit:

As of August 12, 2016 verification of the Physician's PREA training was received along with the signed acknowledgement and understanding of the PREA Training.

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

115.241: Alpha L2 Case Management and Orientation addressed intake screening. "Screen for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Reassess each resident's risk of victimization or sexual abuse within 30 days after the resident's arrival, based upon any additional relevant information received since the intake screening." This supports standard 115.241 sections (a) and (b).

Alpha House reports that 801 residents have entered the facility within the past 12 months and were screened for their risk of sexual victimization or of being sexually abusive but not within the 30 days after their arrival according to the Total Offender Management System. (f) The Total Offender Management (TOM) electronic file system was reviewed and random records were checked. In review, the risk assessments were not completed per policy and standard. Random records reviewed were past the 30 day target date. Per policy Alpha L2 Case Management and Orientation, a resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. A498 PREA Risk Assessment Checklist covers all 9 areas required by this standard. This supports standard 115.241 section (d), (f) and (g).

In review of the PREA Risk Assessment Sexual Predator/Vulnerability PREA Screening Checklist it was verified by this auditor that the intake screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. This Supports 115.241 section (c) and (e) of this standard.

Alpha L2 Case Management Intake and Orientation policy states, "Residents may not be disciplined for refusing to answer (or not disclosing) complete information related to the questions regarding: Whether or not the resident has mental, physical or developmental disabilities, Whether the resident is or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, Whether or not the resident has previously experiences sexual victimization; and the resident's own perception of vulnerability." This Supports 115.241 section (h).

Case Managers, Client Advisor (Security staff), Treatment Staff, Mental Health and Medical Staff and facility management staff will have access to a resident's risk assessment. All staff sign a Confidentiality Statement at time of hire/orientation and confidentiality as part of much ongoing training (6 Minute Training, Monthly Mandatory All-Staff Training, etc.) which staff will participate in during the year. The PREA Coordinator is working with the Alpha House and Passages Directors and IT staff to review the Total Offender Management (TOM) System to better address the issue of sensitive PREA and Medical and Mental Health information accessible in PREA and are working on providing multiple levels of security for various information. Staff access will be determined on a need to know and job based factors. This Supports 115.241 section (i).

Based on staff interviews, staff are not conducting the risk assessment within the 30 day required time frame. This does not meet the standard.

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- A498 PREA Risk Assessment checklist Form
- Alpha-L2 Case Management Intake & Orientation
- ALT-A22 PREA Policy
- Staff Interviews responsible for Intake Screening
- Interview with PREA Coordinator

**Corrective Action Required:**

The Alpha House should develop and implement a formalized process to reassess all resident's risk levels periodically throughout the resident's stay in Alpha House and to ensure all residents are reassessed, not to exceed 30 days from the resident's arrival at the facility.

**Verification of Corrective Action since the Audit:**

- The PREA Coordinator provided direction and guidance to Case Managers and the Records Department on revised process sent to staff on September 8, 2016.
- Alternatives, Inc. revised and updated the PREA Risk Assessment form ALT217 on September 16, 2016 to reflect requirements for work-flow tracking, initial and 30 day review and case management staff completion within required time frames.
- Review of Total Offender Management records indicated the original information updated to the Total Offender Management did not function as designed; Total Offender Management process was revised and on October 5, 2016 process was implemented. Verified through email.
- The PREA Coordinator reviewed "Work-Flow" processes on November 4, 2016 to determine that uploads of completed Risk Assessments and Re-Assessments are done in a timely manner at Alpha House and to ensure the accuracy of reports run in the Total Offender Management System (TOM).
- The PREA Coordinator continues to work with Programmer of the TOM system to develop reports for the PREA Risk Assessment and Re-Assessment. To ensure the programming is completed the PREA Coordinator will run and review records for monthly PREA Risk Assessment and Re-Assessment reports for Alpha House to ensure the assessments are meeting the 72-hour and 30-day requirements of the standard.
- The auditor reviewed all updated Risk Assessments and 30 day reviews for the past six weeks on November 18, 2016 and found Alpha House to be in compliance with the requirements of the standard.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ALT-A22 PREA Policy requires staff to assess each offender within 72 hours of intake to identify and manage offender's with special needs, including those who are potentially vulnerable and potentially dangerous, to provide safe housing, adequate protection, and programmatic resources to meet their needs. A352 PRC Screening Report (PREA) includes educational level, psychological information, physical health, and special circumstances to make individualized determinations about how to ensure the safety of each resident. A335

form utilized for Resident Room/Bed Change request. SOP K49 Room Assignments policy provides staff with information and processes regarding utilizing information from the PREA Risk Assessment regarding housing and safety and also provide guidance to staff working with residents regarding work/education assignments. SOP L30 Special Needs Resident policy has a section in this policy regarding early identification which specifies that The Screening Coordinator needs to be very alert for special needs issues at the time of the initial screening. This supports 115.242 section (a), (b) & (c).

To date Alpha House has not had a resident identify as transgender or intersex, but when a resident arrives needing services and placement, the process will ensure that all necessary needs such as room assignments, programming and overall safety will be done based on the individual's needs, using the processes identified in several supporting policies that were uploaded to the On Line Audit System (OAS). These policies that referenced LGBTI were ALT-A24 Discrimination Regarding Clients, ALT-H47 Critical Incident Stress Debriefing and L2 Case Management, however it is recommended that more specific language be placed in one policy regarding transgender and intersex residents in regards to section (c) and (d) of standard 115.242.

SOP K49 Room Assignments states, "On a case by case basis transgender and/or Intersex residents will be given the opportunity to shower separate from other resident using one of the private bathrooms." Supports 115.242 section (e).

For Alpha House, living facilities are located on the 2nd floor of the building and the building is a large rectangle with rooms lining one or both sides of the hallway throughout the floor. The only division of living areas on this floor is the separation of the Federal Bureau of Prisons (FBOP) residents from the Montana Department of Corrections residents with a unit dedicated to only Federal residents to meet the FBOP's room requirements for available unencumbered space which is not a consideration for Montana Department of Corrections residents. Within either area, the determination and placement of residents in rooms are done based on safety needs, status of offender (i.e. Sex Offender, Inmate worker, etc.) and not placed based on sexual orientation or identity. Placement in either of the honor dorms are based on the offenders behavior and disciplinary history and phase level and sexual orientation or identity is not a factor in placing a resident in the Honor Dorm (unless the individual expresses concern for their safety if placed there). There are assigned sanctioned cells and 1 resident was on the random list of residents to be interviewed; however he refused. There were other residents listed as LGBTI who were interviewed and did not indicate there was any such unit or separation within Alpha House. The Alpha House only houses male residents. The agency or facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. Supports standard 115.242 section (f).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT-A22 PREA policy
- SOP K49 Room assignments
- A498 PREA Risk Assessment
- A352 PRC Screening Report
- A335 Resident Room and Bed Change

- ALT-A24 Discrimination Regarding Clients
- ALT-H47 Critical Incident Stress Debriefing
- SOP L30 Special Needs-Assessment Rooms
- PREA Coordinator Interview
- Staff responsible for risk screening interview
- Resident interviews

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.251: The Alpha House provides residents multiple internal ways to report sexual abuse and sexual harassment, retaliation and staff neglect. Residents receive education about reporting at intake through comprehensive PREA education within 7 days and through visible and available information in the facility at all times, such as posters and resident handbooks. The posters are on display in all hallways, classrooms, staff break rooms, common areas, laundry areas, and kitchen/dining areas. The reporting methods include verbally telling a staff member, contractor, medical or mental health staff or they can contact the PREA Coordinator. They can write to a staff member to inform them of any concern of sexual abuse or sexual harassment. Every resident has a PREA Card of the PREA Coordinator with contact information. They can call the hotline of the Rape Crisis Center at YWCA Gateway (406) 245-4472 or write them which are 909 Wyoming Avenue, Billings, Montana 59101. There is also a number for third party reporting of the Great Falls Transition Center (406)-727-0944 and they may also write them at the following address 1019 15th Street North, Great Falls, MT 59401. Residents may also file a written grievance report or submit a sick call slip. A resident can tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (406) 727-0944 or calling (406) 259-9695 ext. 129. A resident can also contact the Director of Alternatives, Inc. through email at <a href="mailto:jwilliams@altinc.net">jwilliams@altinc.net</a>. Residents are informed they can use facility phones (which may be monitored), or request to use the case manager's phone in their office (not monitored or recorded) or if approved for a cell phone, can call anytime, including while off premises on their approved agenda. Interviews with residents and staff clearly demonstrate their knowledge about PREA and the multiple methods to report sexual abuse and sexual harassment. Supports 115.251 section (a), (b).</p> <p>The Memorandum Of Understanding (MOU) specifically addresses the requirement that Great Falls Transition Center accept reports of abuse and harassment and to accept those reports should the individual reporting want to remain anonymous. The MOU requires Great Falls Transition Center staff to provide a written report to PREA Coordinator at Alternatives, following receipt of written report/complaint or if received by phone or verbally from an individual, to write a report and contact the Alternatives, Inc. PREA Coordinator immediately following completion of the report (during working hours) or to submit an e-mail with attached reports to PREA Coordinator after work hours. All reports submitted to Great Falls Transition Center will be sent to Alternatives, Inc. Supports standard 115.251 section (c).</p> <p>ALT-A22 PREA Policy describes staff reporting. Offenders are not required to file written</p>

reports; however, staff who receives verbal reports from offenders is required to file written reports as set forth in the PREA Policy. Agency staff, contract employees, and volunteers who receive information, regardless of its source, concerning offender on offender sexual abuse, who observe an incident of offender on offender sexual abuse or staff on offender sexual abuse, must immediately report the information or incident directly to a PREA Investigator or to the Chief Executive Officer (CEO) who will notify local law enforcement. Staff are also to report immediately any staff neglect or violation of responsibilities that may have contributed to the incident or retaliation. Staff is trained to utilize the chain of command regarding reporting of sexual abuse and harassment. All staff are provided with a week-long orientation and training regarding PREA. Supports 115.251 section (c).

Staff can privately report to their supervisor or they can go to the supervisor's boss or to the Chief Executive Officer (CEO). Per ALT-H17 Sexual Harassment policy the employee has the right to contact the Montana Human Rights Commission, P.O. Box 1728, Helena, Montana 59624 (406) 444-2884 or (800) 542-0807 or the Equal Employment Opportunity Commission, 1801 L Street N.W. Washington, D.C. 20507.

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- PREA Alpha Posters Information
- ALT-A22 PREA Policy
- ALT-H17 Sexual Harassment
- Employee Handbook
- Alpha-Resident PREA Curriculum
- Alpha-Handbook PREA Reporting
- ALT Inc. Billings YWCA MOU
- PREA-3rd Party Reporting
- Staff Interviews
- Resident Interviews
- Observation of posters during tour

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.252: ALT-A22 PREA Policy, states, "Offenders may utilize the formal grievance procedure to report sexual abuse in accordance with the facility procedure found in the resident handbook; however; offenders are not required to use the formal grievance process to report allegations of sexual abuse. Staff receiving such grievances will process them as high priority and will immediately notify the facility Director. The Director will then notify the Director at Alpha House to begin the necessary investigative process."</p> <p>Alternatives, Inc. policy L18 Resident Client Grievance Policy and Procedure on grievances does not prescribe a time frame or limit for filing a grievance. SOP L18 Resident/Client Grievance Policy and Procedure states, "that any resident/client has a right to file a grievance</p>

petition for any reason without altercation, interference, or delay and without fear of any adverse action occurring against him as a result of such petition.” Page 3, I. states, “A decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days. If a decision has not been made by then, the agency may request an extension (up to 70 days) to resolve. The resident will be notified in writing of this extension, and be provided a date by which a decision will be made.” There have been 0 grievances alleging sexual abuse and 0 grievances that involved extensions because final decisions were not reached within the 90 days. Supports standard 115.252 section (a), (b) and (d).

ALT-A22, Page 4, section D. Offender Reporting 1. Reporting Incident c. Offenders who submit a report alleging sexual abuse by a staff member should not submit the report to the staff member who is the subject of the complaint. Said staff member will have no involvement in the investigation of the claim against him/her. Supports 115.252 section (c).

Third parties, including fellow residents, staff members, family members, attorneys and outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file requests on behalf of residents. Offenders are not required to file written reports; however, staff who receive verbal reports from offenders are required to file written incident reports as set forth in this policy. If a resident declines third party assistance in filing a grievance alleging sexual abuse, the agency will document the resident’s decision on (ALT92) PREA Grievance Refusal form. Supports standard 115.252 section (e).

SOP L18 Resident Client Grievance policy outlines the procedure for emergency grievance (f). Emergency grievances require an initial response within 48 hours and a final decision to be made within 5 days. Supports standard 115.252 section (f).

ALT-A22 PREA Policy, Page 5 D. 5, Substantiated deliberately malicious or false reports by offender or other parties will result in disciplinary action or criminal charges. Staff interviews affirmed they would react immediately and appropriately to any potential of a resident being in imminent danger of sexual abuse. Supports 115.252 section (g).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- L18 Resident Client Grievance Policy and Procedure
- ALT-A22 PREA Policy
- Resident Handbook

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alternatives, Inc. maintains an MOU with the Billings YWCA Gateway Program. The Billings YWCA Gateway Program is the agency designated as the local community Rape Crisis Center and also provides counseling and victim advocacy services. Residents can call them at (406)-245-4472 or write 909 Wyoming Avenue, Billings, MT 59101 for emotional support from a victim advocate 24/7. Supports 115.253 section (a) and (c).</p> <p>There are posters located with YWCA address and phone numbers. The Alpha House Resident Handbook also indicated residents can contact YWCA Billings Gateway. Every resident has a PREA Card of the PREA Coordinator with contact information. This supports standard 115.253 section (a).</p> <p>Residents are informed they can use facility phones (which may be monitored), or request to use the case manager’s phone in their office (not monitored or recorded) or if approved for a cell phone, can call anytime, including while off premises on their approved agenda. This supports standard 115.253 section (b).</p> <p>Residents are informed that staff are required under Montana Code Annotated (MCA) 41-3-201 to be mandatory reporters. This supports standard 115.253 section (b).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• Alternatives, Inc. Billings YWCA MOU</li> <li>• Resident Handbook</li> <li>• PREA posters</li> <li>• Random sample of Inmate Interviews</li> <li>• Inmate who reported a sexual abuse interview</li> </ul>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Billings YWCA indicated that their confidentiality requirements would not allow them to disclose a report of a PREA issue to Alternatives, Inc. called or written to them except in very limited circumstances and they felt that by being the 3rd party reporting would possible harm their role as the Rape Crisis Center and would cause individuals to not call them for fear of disclosure of confidential information. So therefore, Alternatives, Inc. pursued an alternate 3rd party reporting entity and chose the Great Falls Transition Center.</p> <p>Residents may call the Great Falls Transition Center, who is the 3rd party responder who is reporting incidents of sexual abuse or sexual harassment. Residents can call Great Falls at (406) 0727-0944 or write 1019 15th Street North, Great Falls, MT 59401 to report sexual abuse or sexual harassment. The auditor did a test call to Great Falls and the call went through and was sent to the Shift Leader, however, the Shift Leader did not call the Alpha House PREA Coordinator as required by the MOU. Recommend follow-up training occurs with Great Falls Transition Center and possible a sign/checklist located at the Client Advisor/Camera Monitor area indicating who staff need to contact.</p> <p>ALT-A22 PREA Policy, page 5 section D. f. “Third parties, including fellow residents, staff members, family members, attorneys and outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file requests on behalf of residents.”</p> <p>Alternative Inc.’s website (<a href="http://www.altinc.net/prea/">www.altinc.net/prea/</a>) has a page dedicated to information for public consumption regarding PREA. Family and friends can report allegations of sexual abuse, sexual harassment and retaliation to Alternatives, Inc. by calling, emailing, or writing the PREA Coordinator, PREA Managers, or by contacting the following third party entities. Great Falls Transition Center, 1019 15th Street North, Great Falls, MT 59401; 406-727-0944 YWCA, 909 Wyoming Avenue, Billings, MT 59101; 406-245-4472</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• PREA-3rd Party Reporting MOU</li> <li>• ALT-A22 PREA Policy</li> </ul>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alternatives, Inc. ALT-A22 PREA policy outlines the following in regards to staff and agency reporting: page 7, section I. Staff Reporting 1. Agency staff, contract employees, and volunteers who receive information, regardless of its source, concerning offender on offender sexual abuse, who observe an incident of offender on offender sexual abuse or staff on offender sexual abuse, must immediately report the information or incident directly to a PREA Investigator or to the CEO who will notify local law enforcement. a. Report immediately any staff neglect or violation of responsibilities that may have contributed to the incident or retaliation. Page 7, Section I. Staff Reporting 4. In addition to the above reporting requirements, staff contract employees, and volunteers who know or have reasonable cause to suspect that a youth offender or vulnerable adult (determined in the intake screening process) has been abused or neglected, must immediately report the matter to the Director, and to the Department of Public Health and Human Services as required by MCA 41-3-201. Supports standard 115.261 section (a), (b), (c), (d) and (e).</p> <p>Staff training curriculum provides facility procedures on sharing confidential information and reporting procedures. There is a statement of confidentiality of client information that I signed by staff during orientation. The Employee Handbook on Page 28 refers to confidentiality. The Total Offender Management (TOM) system discusses the issue of confidentiality of the information contained in the system and not allowing this information to be shared with anyone other than those who need the information to make appropriate decisions on programming, treatment, placement, etc. There is a section in staff disciplinary procedures which addresses violation of confidentiality and is taken seriously for PREA, HIPPA, treatment, etc. This Supports standard 115.261 section (b).</p> <p>Based on interviews with medical and mental health staff unless otherwise precluded by Federal, state, or local law, practitioners are required to report sexual abuse and to inform residents of the practitioner’s duty to report, and the limitation of confidentiality at the initiation of services. Supports section 115.261 (c) of this standard.</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• Medical and Mental Health Staff Interview</li> </ul>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Alpha House had one (1) incident in which the facility determined that a resident was subject to a substantial risk of imminent sexual abuse. The resident was moved to a secure room following information obtained about a possible PREA incident involving his roommate. The incident occurred on May 3, 2016; however, the resident did not report it until meeting with the Sex Offender (SO) therapist on May 10, 2016. The Sex Offender (SO) Therapist reported the information to Alpha staff on May 11, 2016. The resident was moved to a secure room within 1 hour of notification of incident.</p> <p>The auditor reviewed the PREA Retaliation Monitoring (ALT A220 form) which was assigned to a facility investigator and reviewed and signed by the Alpha House Director.</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT A22 PREA Policy</li> <li>• ALT A29 Internal PREA Investigator Description and Duties</li> <li>• Incident Report</li> <li>• ALT 220 Monitoring Retaliation Form</li> </ul>

115.263	<p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ALT-A22 PREA Policy, page 5, section IV D. 1. g. 2. states, “Residents may report sexual abuse while confined at another facility. The Director of Alpha House or the Chief Operating Officer (COO) at Passages must contact the head of the agency or facility where the alleged sexual abuse occurred no later than 72 hours after receiving the allegation. Supports 115.263 section (a) and (b).</p> <p>ALT-A22 PREA Policy, page 8. I. 6 states, “Reports of incidents that occurred in another facility shall be forwarded to the Director who, in conjunction with the CEO, shall immediately notify the head of the facility where the alleged abuse occurred and/or the proper jurisdictional agency of that offender in accordance with that agency’s reporting protocols requirements. (The Federal Bureau of Prisons and/or the Department of Corrections.) Document that the facility was notified within 72 hours of receiving the allegation.” Supports 115.263 section (a) and (b) and (c).</p> <p>The PREA Coordinator is the designated point of contact when another agency or facility reports allegations to Alternatives, Inc. Upon notification, the PREA Coordinator would notify the Program Director, Chief Executive Officer (CEO), and the point of contact for the contracting authority that referred alleged victims and/or perpetrators. The contract authority, FBOP or Montana DOC, would provide guidance regarding investigation measures to be taken. Normally this entails notification of local law enforcement. No outside reports have been made in the past 12 month’s period. Supports 115.263 section (d).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• Agency Director Interview</li> </ul>
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115.264	<p><b>Staff first responder duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.264: In the past 12 months, there was 1 allegation a resident was sexually abused. The incident took place on May 3 but was not reported until May 10th to a Sex Offender Therapist and to Alpha Staff on May 11th. There was 0 times that a first security staff member responded to this incident as the alleged abuser was out of the facility at work when staff was informed about the alleged attack on the victim. The victim was at a different work site and the victim was brought back to Alpha House to be interviewed and to provide access to mental health and medical services. The abuser was brought back to the facility and was placed in the lockdown room pending movement to another facility. Supports 115.264 section (a).</p>
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There is a Sexual Abuse Checklist which is initiated by a trained facility PREA Investigator who are designated as the Alpha Director, Assistant Director or Operations Supervisor or the In-Charge must initiate, the Sexual Abuse Response Checklist (ALT 219) to ensure proper protocol is implemented. ALT A-22, Page 6, indicates the following, 4. "In the event an active sexual assault is occurring, staff is to immediately call for back-up and will follow appropriate security procedures, which include:

- a. Separating the alleged victim from the alleged perpetrator;
  - b. Do not allow the alleged victim or abuser to take any actions that could destroy any physical evidence. (washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating)
  - c. Providing medical and mental health assistance for the alleged victim as soon as possible;
  - d. Taking reasonable measures to identify, isolate, and separate witnesses;
  - e. Securing the incident scene so items cannot be removed or introduced;
  - f. Allowing only assigned investigators to assess the scene.
5. Psychological trauma may occur individuals such as witness, staff members, as well as the victim of the sexual assault. Mental health staff must be made available to support and assist those in need, i.e. Staff LCPC, PAC Team, etc.

Staff who receives a report of sexual abuse of an offender by a staff member shall take the report directly to the Chief Executive Officer (CEO) or Chief Operating Officer (COO).” Supports 115.264 section (a).

PREA First Responder Card is provided to all staff which includes details and steps to be taken if a staff member is the first responder to an allegation of sexual abuse. The agency PREA policy requires the use of the PREA Sexual Abuse Checklist for when there is an incident of sexual abuse. The cards do not make any distinction between “security staff” first responders and “non-security staff first responders whose duties in the PREA standard are different.

A security staff first responder is required to:

- Separate the alleged victim and abuser;
- Preserve and protect the crime scene;
- If appropriate, request the alleged victim to not destroy evidence (as detailed in standard); and
- If appropriate ensure the alleged abuser does not destroy evidence (as detailed in standard).

A non-security staff first responder is required to request the victim to not destroy evidence (as detailed in standard) and then notify a security staff member.

There is also a PREA Incident Flow chart attached to this PREA Policy to coordinate actions taken in response to an incident of sexual abuse. It does include who and when the rape crisis center is to be contacted. The flow chart doesn't specifically state the name of the hospital (Billings Clinic) where the resident would be taken for forensic exams and that should be added.

Interviews of staff indicated they understood the duties of a first responder to the victim, but new they were to call the Alpha Director, Assistant Director or Operations Supervisor or the In-Charge to initiate, the Sexual Abuse Response Checklist (ALT 219) to ensure proper protocol

is implemented.

#### Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT-A22 PREA Policy
- ALT-219 Sexual Abuse Checklist
- Interviews of Staff First Responders

#### Corrective Action Required:

- Alpha House should amend their laminated first responder and to ensure the directions to both security and no-security first responder's are consistent with 115.264 (a) and (b).
- Retraining of staff on these points will be necessary to ensure no confusion among first responders.
- The PREA process Map should include the name of the Billings Clinic and be consistent with section (b).

#### Verification of Corrective Action since the Audit:

- On 8/18/2016 this auditor received a copy of the revised first responder card. There were two separate cards created. One for Security staff and one for Non-Security staff.
- The Process Flow Map has also been revised to reflect the Billings Clinic instead of a generic hospital.
- Training took place on August 31, following the printing and laminating of the 1st responder cards.

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>ALT-A22 PREA Policy, Page 5, section F (2) (3) (4) c; (5) (6); Page 5-6, section IV (f)-1 Intervention 1. Staff who receives an initial report of sexual abuse must separate the victim from the alleged assailant to protect the victim and prevent further violence. 2. Staff who receives an initial report of sexual abuse are required to promptly intervene on the victim's behalf to ensure the victim receives prompt medical and psychological assistance, as appropriate to his or her needs and the circumstances of the alleged offense. Victims of sexual abuse must have an assessment for potential risk of suicide. 3. A PREA Investigator (Alpha Director, Assistance Director or Operations Supervisor) or in the In-Charge must initiate the Sexual Assault Response Checklist (ALT 219) to ensure proper protocol is implemented. 4. In the event an active sexual assault is occurring, staff is to immediately call for back up and will follow appropriate security procedures, which include: a. separating the alleged victim from the alleged perpetrator; b. Do not allow the alleged victim or abuser to take any actions that could destroy any physical evidence. (washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating) c. Providing medical and mental health assistance for the alleged victim as soon as possible; d. Taking reasonable measures to identify, isolate, and separate witnesses; e. Securing the incident scene so items cannot be removed or introduced; f. Allowing only assigned investigators to assess the scene. 5. Psychological trauma may occur in individuals such as witness, staff members, as well as the victim of the sexual assault. Mental health staff must be made available to support and assist those in need, i.e. Staff LCPC, PAC Team, etc. 6. Staff who receives a report of sexual abuse of an offender by a staff member shall take the report directly to the Chief Executive Officer (CEO) or Chief Operating Officer (COO).</p> <p>There is also a PREA Incident Flow chart attached to this PREA Policy to coordinate actions taken in response to an incident of sexual abuse. It does include who and when the rape crisis center is to be contacted.</p> <p>Policy, Materials Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• PREA Incident Flow Chart</li> </ul>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard is not-applicable. Alternatives, Inc. is not engaged in and has not been engaged in collective bargaining, nor has any governmental agency been so engaged on their behalf.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Agency does have a policy ALT-A22 PREA Policy to protect all residents and staff which states, section C. Offender Orientation and Education 1. Information provided will include, but is not limited to: Bullet 9- Protection against retaliation. Page 7, section I. Staff Reporting 1. a. Report immediately any staff neglect or violation of responsibilities that may have contributed to the incident or retaliation. ALT-A22 PREA Policy page 9, L. Staff Training: All agency staff, contract employees and volunteers with direct and/or incidental contact with offenders will receive documented PREA training during orientation and sign a PREA Statement of Understanding. Training will include 2. b. Prevention, detection, reporting and response policies and procedures. g. The staff's right to be free from retaliation. Supports 115.267 section (a) and (e).</p> <p>Alpha House Director, Assistant Director and Operations Supervisor are facility investigators are also responsible for monitoring retaliation per SOP ALT-A29 PREA Investigator Description. The policy also indicates that the PREA Investigator (one of the above staff) can designate a case manager to monitor retaliation. Supports 115.267 section (a).</p> <p>115.267 require agency protection against retaliation for at least 90 days. The facility policy, SOP ALT-A29 PREA Investigations Description and Duties indicates on Page 2. B. Responsibilities, bullet 7, "Protect alleged victim or staff against retaliation. (c) Track monitoring on the PREA Retaliation Monitoring Sheet for 12 weeks on form ALT 220. Monitoring can be done by the PREA investigator. (a) The facility SOP ALT-A29 states 90 days not 12 weeks as per PREA standard requirement of 90 days. The ALT-220 Prison Rape Elimination Act (PREA) Retaliation Monitoring Sheet (form) says 90 day monitoring expiration date but has 12 weeks listed on the form. It is recommended that these documents be consistent with the 90 days on both the PREA form and PREA policy. On 7/8/2016 an email was provided to the auditor regarding the 90 days being addressed in the NIC 6 minute training. Supports standard 115.267 section (c).</p> <p>Standard 115.267 requires monitoring for retaliation for at least 90 days following a report of sexual abuse. The agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff; staff</p>

shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (c) This information listed above is addressed on the ALT 220 PREA Retaliation Monitoring Sheet (form). The PREA Investigators and/or designee may, following the 90 days 12 week monitoring period, continue monitoring on a 30 day interval if they have reason or suspicion of possible retaliation and to continue to document it on the ALT 220 form. The form also has an area under the conclusion section to continue monitoring for an additional 30 days. (c) The facility PREA Policy ALT A22, page 6, section G. 2.d. a. states “Reasonable measures taken to protect and prevent retaliation and future assaults through housing changes, emotional support services, and removal of alleged abusers from contact with victim(s).” Supports 115.267 section (c).

Alpha House reports that in the past 12 months there have been zero incidents of retaliation reported, known or suspected. Supports 115.267 section (c).

115.267 (d) In the case of residents, such monitoring shall also include periodic status checks. The PREA policy ALT-A22, Page 6, section. G. 2. Facility administration will ensure that offenders who allege that they are victims of sexual abuse will have access to the following services: d. “Reasonable measures taken to protect and prevent retaliation and future assaults through housing changes emotional support services, and removal of alleged abusers from contact with victim(s). Based on interviews with the Agency Head the main action taken besides separating or removing the alleged perpetrator from the victim would be weekly monitoring by the case manager and/or mental health professional for a minimum of 90 days following the incident. Supports 115.267 section (d).

Based on interview with staff, case notes would be reviewed, room changes would be made, behavioral changes would be noted, review of write-up and appearance of resident would be observed. Residents who would need emotional support could be provided through the assigned facility mental health staff. Supports 115.267 section (b).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT-A22 PREA Policy
- ALT-A29 Internal PREA Investigator Description & Duties
- ALT-220 Prison Rape Elimination Act (PREA) Retaliation Monitoring Sheet (form)
- Agency Director Interview
- PREA Coordinator Interview
- Designated staff member charged with monitoring retaliation

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.271 Alpha House refers administrative and criminal investigations to the Billings Police

Department. The Billings Police Department is responsible to provide training to its agents and investigators. Section(a), (b), (c) and (k) of this standard is Not Applicable.

There was 1 substantiated allegations of conduct that appear to be criminal that were referred for prosecution. The incident occurred on May 3, 2016 but was not reported until May 10, 2016. On July 13, 2016 the Alpha House was notified that the Billings Police Department would not be moving forward with criminal charges. The auditor was notified on August 1, 2016 in which the County Attorney has indicated there would be no criminal charges. The resident was informed that the charges were dropped and he concurred and Alpha House is classifying this as a substantiated aggregation but criminal charges not filed. It was evident through review of documented emails that Alpha House was cooperating with the Billings Police Department and continued to remain informed of the status of the outcome of charges for this incident. Supports 115.271 section (d), (f), (g), (h) and (l).

Alternatives Policy ALT-A22 PREA Policy and Alt-A29 Internal PREA Investigator Description & Duties policies govern the conduct of criminal investigations; however, the policy and MOU with the Billings Police Department could clarify and emphasize more details regarding administrative policy. The ALT-A22 PREA Policy prohibits requiring residents who allege sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation. This PREA Policy also include requirements emphasizes that the departure of the alleged abuser or victim from employment or control of the agency does not provide a basis for terminating an investigation. This supports 115.271 (e), (f), (g) and (j)

Alt-A29 Internal PREA Investigator Description & Duties on Page 2 states, "Records of PREA Reports/Investigations will be securely stored in the Assistant Director's office at Passages. Records include incident and investigative reports, offender information, case disposition, medical and counseling findings, retaliation monitoring sheet and recommendations for post release treatment and/or counseling. These records shall be retained for as long as the alleged abuse is incarcerated or employed by the agency, plus five years." Supports 115.271 section (i) of this standard.

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT-A29 Internal PREA Investigator Description & Duties
- ALT-A22 PREA Policy
- MOU with Billings Police Department
- Training Records of staff assigned Investigative duties
- Emails regarding alleged Sexual Abuse incident
- Interview with PREA Coordinator
- Interviews with facility investigative staff who report to Billings Police Department
- Review of Training Curriculum

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility ALT-A22 PREA Policy Page 8, section J. Investigative Protocols of Sexual Abuse indicates the facility investigators will submit an incident report regarding the preliminary investigation to the Director or designee. The agency imposes a standard of a preponderance of evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. Preponderance of the evidence means that more than 50% of the evidence supports the allegation.</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• Interview with facility investigative staff.</li> </ul>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA investigators will inform a resident who has made an allegation of staff sexual assault (unless unfounded) of the outcome. The agency’s policy ALT-A29 Internal PREA Investigation Description and Duties is consistent with the PREA standard. Interviews with staff indicated there is follow-up of investigations. Interview with the PREA Coordinator confirms a practice that demonstrates compliance. Supports standard 115.273 section (a).</p> <p>The agency reports that in the last 12 months there was 1 substantiated allegation of conduct that appear to be criminal, that was referred for prosecution. The incident occurred on May 3, 2016 but was not reported until May 10, 2016. On July 13, 2016 the Alpha House was notified that the Billings Police Department would not be moving forward with criminal charges. The auditor was notified on August 1, 2016 in which the County Attorney has indicated there would be no criminal charges. The resident was informed that the charges were dropped and he concurred and Alpha House is classifying this as a substantiated aggregation but criminal charges not filed. Supports standard 115.273 section (b), (d) and (e).</p> <p>There have been zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident at Alpha House in the past 12 months. This supports standard 115.273 (c).</p> <p>Interview with the PREA Coordinator confirmed that there is no obligation to report the case outcome to the reported victim (resident) after he is released from the facility’s custody. Supports standard 115.273 (f).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A29 Internal PREA Investigation Description and Duties</li> <li>• PREA Coordinator Interview</li> <li>• Director Interview</li> <li>• Facility Investigative Staff Interview</li> </ul>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276: ALT-A22 PREA Policy, Policy statement, “It is the policy of Alternatives, Inc. to have zero tolerance relating to the sexual abuse or sexual harassment of offenders under their supervision. Alternatives Inc. recognizes these offenders as victims of a crime and will immediately respond to allegations, investigate reported incidents, pursue disciplinary action refer for investigation and prosecution for those staff and offenders who perpetrate such</p>

conduct.” ALT-H2 Volunteer Intern Procedure. Volunteers/Interns will be evaluated on an ongoing basis by their supervisor. Grade reduction (where applicable), reassignment, suspension, and dismissal are all sanctions that are applicable to these individuals. This supports standard 115.276 section (a) and (d).

Alpha House reports that in the past 12 months, there has been 0 staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been 0 staff in the past 12 months that have been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been 0 staff reported to law enforcement or licensing boards for violating agency policies. The agency policies requires staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment or sexual misconduct. Supports 115.276 (b).

ALT H20 Employee Discipline states disciplinary action shall be taken in the form of verbal warnings, written warnings, suspensions, the employee being placed on notice and/or termination. Alternatives, Inc. may use any disciplinary measure deemed necessary and appropriate under the circumstances and shall not be required to use less severe discipline measures (e.g., verbal or written warnings) before taking more serious action. Supports 115.276 section (c). ALT-H33 Staff Conduct with Offenders states, “Further information regarding inappropriate interactions with offenders can be found in the Fraternalization Policy.” Supports section (c). ALT-H17 page 3 C. 5. The Administrator/Deputy Administrator will take reasonable and immediate corrective action upon determining that sexual harassment occurred and document the action taken to minimize the likelihood of future occurrences. 6. Disciplinary action may be taken as deemed appropriate to correct harassment. Supports 115.276 section (b), (c) and (d). ALT-H43 Agency fraternization policy includes three levels ranging from incident contact to a severe level as follows. Level III-Severe Level of Fraternalization includes PREA violation. The consequence if Non-Compliant is discipline from written warning up to suspension/termination or in certain cases criminal prosecution. Termination of employment will occur in most cases. The agency will also report such activity to any relevant licensing bodies associated with the terminated employee. Incidents of physical or sexual contact between offenders and staff are reported to the Director of the Facility. The Assistant Director (Passages) or the Screening Disciplinary Officer or Operations Supervisor (Alpha) (or designee) will investigate alleged incidents in cooperation with the Department of Corrections, Bureau of Prisons, and local law enforcement. Supports 115.276 section (b) and (d).

The Employee Handbook page 27 and 28 under section Fraternalization and Conflict of Interest SOP ALT-H43 refers to the above paragraph in SOP ALT-H42. Supports 115.276 section (b) and (d).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT-A22 PREA Policy
- ALT-H17 Sexual Harassment
- ALT H20 Employee Discipline
- ALT-H33 Staff Conduct
- ALT-H43 Fraternalization Policy

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency PREA Policy includes a definition for Employee or Staff: For the purpose of this policy, the term includes paid employees, contracted persons, volunteers and interns who are paid or donate time or services to Alternatives, Inc. and individual service providers, e.g. delivery, maintenance, vendors or other services providers who may not be contracted to the Agency.</p> <p>ALT A22 PREA Policy, Policy statement, “It is the policy of Alternatives, Inc. to have zero tolerance relating to the sexual abuse or sexual harassment of offenders under their supervision. Alternatives Inc. recognizes these offenders as victims of a crime and will immediately respond to allegations, investigate reported incidents, pursue disciplinary action refer for investigation and prosecution for those staff and offenders who perpetrate such conduct. ALT-H2 Volunteer Intern Procedure. Volunteers/Interns will be evaluated on an ongoing basis by their supervisor. Grade reduction (where applicable), reassignment, suspension, and dismissal are all sanctions that are applicable to these individuals. Supports 115.277 section (a) and (b).</p> <p>In the past 12 months there have been zero contractors reported to law enforcement or relevant licensing bodies in the past 12 months for engaging in sexual abuse of residents. Alpha House does not have any volunteers assigned to their facility. There is one contractor who is a Physician. Supports 115.277 section (a) and (b).</p> <p>Interviews with the Director indicated that if an allegation involving a volunteer or contractor were to occur, that volunteer or contractor would not be allowed contact with any offender until the investigation is concluded.</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• ALT-H2 Volunteer Inter Procedures</li> <li>• Interview with Assistant Director</li> </ul>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.278: There were 0 administrative findings of resident-on-resident sexual abuse that have occurred at Alpha House in the past 12 months.</p>

Policy L17 DOC Class I and II Disciplinary Procedures (a) section I. Policy: states, "Inmates will be required to conform to the standards of conduct reflected in posted facility rules and regulations which are provided to them at intake. Any inmate who violates a Class I and II rule or regulation shall be subject to disciplinary action." Supports 115.278 section (a).

Alternatives, Inc. has a progressive system of discipline. Minor infractions are dealt with informally through discussion, verbal warnings, written discrepancy notices, or Class 300 Incident Reports. Class 300 Incident Reports are dealt with in a behavioral mode. Major and severe Incident Reports as outlined in this policy are used for more serious offenses that have the potential of serving some jail time or revocations. Supports 115.278 section (b).

Based on interviews with the Director and medical and mental health staff the facility does take into consideration when reviewing the disciplinary process of a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction if any, should be imposed. In addition to access to in house mental health professionals, case managers will monitor and assess the resident for additional counseling/treatment services for a referral to a community provider. Supports 115.278 section (c) and (d).

SOP N4 Resident Intake, Contract and Referral, states. Page 1, IV A. states, "All State and Federal residents are required to attend Contract Team and have an Individualized Program Plan developed and implemented within seven days of arrival. The classification of each resident is based on assessments completed in Contract Team with the case manager (CM) and the resident present. Page 1, IV B. states, "In developing the Individualized Program Plan, the C will carefully review all assessments completed prior to and after arrival at the center, and information from the resident's file. The CM will also use input provided by the resident. The goal of the Contract Team is to identify, needs of the resident and to develop an individualized program best suited to those needs." Supports 115.278 section (d).

The agency has not had an incident where it has disciplined a resident for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. Acts are prohibited by L17 DOC Class I and II Disciplinary Procedures and Rule Violations-Prohibited Acts Disciplinary. Supports 115.278 section (e).

Alternatives, Inc. encourages all staff and residents to report incidents of sexual harassment and sexual abuse. Policies specifically discuss disciplinary actions only for willfully submitting a false report. ALT-A22 Page 4, C. Offender Orientation and Intake 1. Offenders will be given the opportunity to review appropriate policies and/or procedures for grievances and PREA information and ask questions, receive answers. Information provided will include, but is not limited to: Bullet 9 Protection against retaliation and bullet 12 Consequences of false allegations. Supports 115.278 section (f).

Consensual sex between residents is considered unacceptable behavior or a prohibited act and are viewed as Class II violation under both state and federal rules. SOP L17 DOC Class I and II Disciplinary Procedures and Rule Violations-Prohibited Acts Disciplinary. Supports 115.278 section (g).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT-A22 PREA Policy
- L17 DOC Class I and II Disciplinary Procedures
- Rule Violations-Prohibited Acts Disciplinary
- SOP-N4 Resident Referral
- SOP L12-SO Treatment
- Incident Reports
- Assistant Director Interview
- Medical and Mental Health Staff Interview

115.282	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.282: Alpha House has coverage for 20 hours per week from a facility LPN and three Mental Health professionals on staff. Alpha has agreements to provide 24 hour emergency medical and mental health services. The Mental Health Center, Billings Clinic Pact Team and the crisis intervention center are available for mental health care. Mental Health professionals' document crisis intervention services provided using the Total Offender Management (TOM) system they enter case notes of services provided, including any referrals to outside providers. Medical staff will document services provided in secure medical files. Alpha House utilizes Emergency Response Teams to provide immediate medical first aid and assistance until Emergency medical personnel arrive or they are transported to a local emergency Department. Emergency care procedures are addressed in SOP-L10 Medical and Dental Policies, Page 5 section D of policy. Supports 115.282 section (a).</p> <p>Alpha House utilizes Emergency Response Teams to provide immediate medical first aid and assistance until Emergency Medical personnel arrive or they are transported to a local emergency department. Supports 115.282 section (a) and (b).</p> <p>Under SOP L10 Medical and Dental Policy, it is the policy of Alternatives, Inc. to provide unimpeded access to care and to 24 hour emergency medical, dental and mental health care as needed to protect the well-being of residents. Supports 115.282 section (a).</p> <p>ALT-A22 PREA policy, page 5, section G. Services Provided for Victims: Staff will coordinate available services to offenders who allege that they are victims of sexual abuse. Facility administration will ensure that offenders who allege that they are victims of sexual abuse will have access to the following services: Medical examination, documentation, and treatment of injuries, including testing for pregnancy, HIV and other sexually transmitted diseases. These services will be provided without financial cost to the alleged victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Supports 115.282 section (d).</p> <p>ALT-A22 PREA policy, section H. Examination of Sexual Abuse Victims: 1. If the alleged sexual abuse is reported within 72 hours of the incident, staff will transport the victim to Billings Clinic</p>

where a sexual assault nurse examiner (SANE) is on call 24 hours a day to treat sexual assault/rape victims and collect evidence as soon as possible. 2. If the alleged sexual abuse is reported more than 72 hours after the incident the offender will be referred to “in house” health care providers who will: a. Complete a patient history and conduct an examination to document the extent of physical injury to determine whether referral to another medical facility is indicated; Offer to victims, as appropriate, prophylactic treatment and follow up care for sexually transmitted or other communicable diseases (e.g. HIV, hepatitis B). This supports 115.282 section (c).

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- SOP-L10 Medical and Dental Policies
- ALT-A22 PREA Policy
- Interviews with Medical and Mental Health Staff

<b>115.283</b>	<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>115.283: ALT-A22 PREA policy, section G. Services Provided for Victims: 2. Facility administration will ensure that offenders who allege that they are victims of sexual abuse will have access to the following services: a. Medical examination, documentation, and treatment of injuries, including testing for pregnancy, HIV and other sexually transmitted diseases. These services will be provided without financial cost to the alleged victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident; Coordinate with qualified mental health professional for crisis intervention counseling and long term follow up. b. Coordinate with qualified mental health professional for crisis intervention counseling and long term follow up; and c. Social, family, and peer support; and. Reasonable measures taken to protect and prevent retaliation and future assaults through housing changes, emotional support services, and removal of alleged abusers from contact with victim(s). Supports 115.283 section (a), (b) and (g).</p> <p>Alpha House policies require a revision to the PREA Risk Assessment when new or additional information is discovered or provided by the resident. Resident Teams review each resident’s progress every 60 days. When new information is provided, additional treatment or other activities are authorized by the resident team and the Case Manager will implement and ensure appropriate referrals to Mental Health or other treatment providers. Residents can also contact community care providers on an individual basis for follow-up services and referrals. Based on interviews with medical and mental health staff the care provided at Alpha House is consistent with the community level of care. There is one LPN on site and one Physician who provides follow-up and treatment services. Supports 115.283 section (b) and (c).</p> <p>The facility is all male residents, so the pregnancy related services requirement of the standard is non-applicable. Supports 115.283 section (d) and (e).</p>

ALT-A22 Page, 7, H. Examination of Sexual Abuse Victims 2. (g) 2. b. Offer to victims as appropriate, prophylactic treatment and follow up care for sexually transmitted or other communicable diseases (e.g. HIV, Hepatitis B). Supports 115.283 section (f) and (g).

Alpha policies SOP L4 Resident Intake, Contract and Referral and SOP L2 Case Management Intake and Orientation require a revision to the PREA Risk Assessment when new or additional information is discovered or provided by the resident. Resident Teams review each residents progress every 60 days. When new information is provided, additional treatment or other activities are authorized by the resident team and the Case Manager will implement or ensure appropriate referrals to Mental Health or other treatment providers. Supports section 115.283 (h).

The auditor was not able to interview any resident victims or review any corresponding documentation of practice.

Policy, Materials, Interviews and other Evidence Reviewed

- Completed Pre-Audit Questionnaire (OAS)
- ALT-A22 PREA Policy
- SOP L4 Resident Intake, Contract and Referral
- SOP L2 Case Management Intake and Orientation
- Medical and Mental Health Interviews

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency reports that in the last 12 months there was 1 substantiated allegation of conduct that appear to be criminal that were referred for prosecution. The incident occurred on May 3, 2016 but was not reported until May 10, 2016. On July 13, 2016 the Alpha House was notified that the Billings Police Department would not be moving forward with criminal charges. The auditor was notified on August 1, 2016. The County Attorney has indicated there would be no criminal charges due to the resident not wanting to pursue charges. The resident was informed that the charges were dropped and he concurred and Alpha House is classifying this as a substantiated aggregation but criminal charges not filed. ALT-H47 requires an incident review be conducted but was not one conducted at the time of the audit which was due August 12, 2016. There is one scheduled for August 26, 2016. Recommend that a copy of the incident review be sent to the auditor as soon as it is completed. As of August 19, 2016 there was a Sexual Abuse Incident Review form to use in meeting the requirement of 115.286 section d. Alpha House is also revising the current ALT-H47 Critical Incident Stress Debriefing policy into the Critical Incident Stress debriefing/Sexual Abuse Incident Review Policy and the auditor has seen a draft policy. The facility will develop an incident review process once the Billings Police Department has provided an initial report of their investigation. Reports are forwarded to the PREA Coordinator. Reports are reviewed for trends and for any indication of areas of improvement needed. This supports 115.286 section (a), (b), (c) and (d).</p> <p>ALT-H47 Critical Incident Stress Debriefing, page 3, section B. "Sexual Abuse Incident Review: If a sexual abuse incident occurs, a review will be conducted at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation was determined unfounded." The reports will be used to review the agency's responsiveness to the incident, the training and education provided to both residents and staff, the security and monitoring systems effectiveness, the responsiveness and effectiveness of services the victim is referred to for additional services and any issues identified regarding the physical layout of the facility. The recommendations contained in the report will be forwarded and discussed with the management team to ensure that the recommendation for improvements are completed or that the reasons for not following a recommendation is documented and maintained by the PREA Coordinator. Supports 115.286 section (d) &amp;(e).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• ALT-H47 Critical Incident Stress Debriefing</li> <li>• PREA Coordinator's Interview</li> </ul>

115.287	<b>Data collection</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 1455 528">The agency PREA Coordinator reports Alpha House has just completed their first annual report for 2015 required under this PREA Standard. This agency has collected all data as required by the Survey of Sexual Violence and has published their annual report on the agency website: <a href="http://altinc.net/prea/">http://altinc.net/prea/</a>. The PREA Annual Report for Alpha House is included on the website. Supports 115.287 section (a) (b) (c) (d).</p> <p data-bbox="252 584 1471 663">The agency does not obtain incident-based and aggregated data from other private facility as it does not contract with other private facility. Section (e) of the standard is Not Applicable.</p> <p data-bbox="252 712 1455 790">The DOJ has not requested agency data from Alpha House so this section of the standard is Not Applicable. (f)</p> <p data-bbox="252 840 1008 873">Policy, Materials, Interviews and other Evidence Reviewed</p> <ul data-bbox="252 884 823 1003" style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• ALT-A22 PREA Policy</li> <li>• PREA Annual Report 2015</li> </ul>

<b>115.288</b>	<b>Data review for corrective action</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 1477 663">Based on the PREA Coordinator’s interview, the PREA Coordinator will meet with each facility’s staff annually to review the data collected regarding the effectiveness of sexual abuse prevention, detection and responsiveness. (a) The review will include reviewing existing policies and training to determine any gaps or deficiencies. (a)-1 Change to policies will be discussed and the regular process for policy updating will be used to effect changes. (a)-2 If the review identifies training issues, the PREA Coordinator will work with the Training Coordinator to modify and/or implement new training to address any identified deficiency. Supports 115.288 section (a).</p> <p data-bbox="252 712 1461 831">Annual reports are compiled in accordance with 115.288 by the PREA Coordinator, signed/authorized by the Chief Executive Officer (CEO) of the corporation, and distributed for public review as appropriate. Supports 115.288 section (c).</p> <p data-bbox="252 880 1477 1043">The PREA Annual Report 2015 was published and placed on the website. The 2014-2015 was the first year Alternatives, Inc. completed an annual report for publication on the website <a href="http://altinc.net/prea/">http://altinc.net/prea/</a>. No prior year data was compared. This supports 115.288 section (a), (b), (c) and (d).</p> <p data-bbox="252 1093 1010 1126">Policy, Materials, Interviews and other Evidence Reviewed</p> <ul data-bbox="252 1137 823 1301" style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• PREA Annual Report 2015</li> <li>• PREA Coordinator Interview</li> <li>• Agency Head Interview</li> </ul>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on the PREA Coordinator’s interview, the PREA Coordinator will meet with each facility’s staff annually to review the data collected regarding the effectiveness of our sexual abuse prevention, detection and responsiveness. (a) The review will include reviewing existing policies and training to determine any gaps or deficiencies. (a)-1 Change to policies will be discussed and the regular process for policy updating will be used to effect changes. (a)-2 If the review identifies training issues, the PREA Coordinator will work with the Training Coordinator to modify and/or implement new trainings to address any identified deficiency. Supports 115.289 section (a).</p> <p>Annual reports are compiled in accordance with 115.289 by the PREA Coordinator, signed/authorized by the Chief Executive Officer (CEO) of the corporation, and distributed for public review as appropriate. Supports 115.289 section (c).</p> <p>The PREA Annual Report 2015 was published and placed on the website. The 2014-2015 was the first year Alternatives, Inc. completed an annual report for publication on the website <a href="http://altinc.net/prea/">http://altinc.net/prea/</a>. No prior year data was compared. This supports 115.289 sections (a), (b), (c) and (d).</p> <p>Policy, Materials, Interviews and other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• Completed Pre-Audit Questionnaire (OAS)</li> <li>• PREA Annual Report 2015</li> <li>• PREA Coordinator Interview</li> <li>• Agency Head Interview</li> </ul>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 571">On June 6, 2016 several notices were posted in both English and Spanish throughout Alpha House announcing the upcoming audit. These posters explained the purpose of the audit and provided residents with the auditor's contact information. An email was sent to the auditor by the PREA Compliance Coordinator to verify the posters were posted consistent with DOJ auditing expectations. Email notification of the PREA On-Line Audit System (OAS) for Alpha House was sent on June 8, 2016.</p> <p data-bbox="252 627 1476 784">Documents that were requested by the auditor were uploaded and were reviewed to ensure the status of the standard. There was not any confidential correspondence sent to the auditor. All residents interviewed were aware of the upcoming audit and they were familiar with the posted notices of the upcoming audit.</p> <p data-bbox="252 840 1173 873">The auditor was permitted to conduct private interviews with residents.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p data-bbox="252 1077 901 1111"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1155 526 1189"><b>Auditor Discussion</b></p> <p data-bbox="252 1234 1444 1312">This is the first PREA audit conducted for this agency. The audit was conducted July 18-20, 2016.</p>

## Appendix: Provision Findings

115.211 (a)	<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

115.211 (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 community confinement facilities?	yes

115.212 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

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

115.212 (c)	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	<b>Supervision and monitoring</b>	
	Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (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? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	na

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no

115.215 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the 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

115.215 (f)	<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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

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

115.216 (c)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of 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 the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

<b>115.217 (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 residents?	yes

<b>115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.217 (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>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	<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.)	na

115.221 (b)	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (c)	<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)?	no
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	<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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	<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

115.221 (f)	<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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	<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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	<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

115.222 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.232 (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>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (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?	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?	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?	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?	yes

<b>115.235 (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 does not conduct forensic exams.)	na

<b>115.235 (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?	yes

115.235 (d)	<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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply. )	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply. )	yes

115.241 (a)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (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 resident's detriment by staff or other residents?	yes

<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	<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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	<b>Resident 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 residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	<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 a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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 residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

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

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (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>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

<b>115.263 (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>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.263 (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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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 a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	<b>Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.267 (a)	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	<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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.267 (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>115.271 (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 115.221(a). )	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na

<b>115.271 (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 115.234?	yes

<b>115.271 (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>115.271 (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?	no

<b>115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.271 (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>115.271 (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>115.271 (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>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.271 (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 and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

<b>115.272 (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>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.276 (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>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (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>115.276 (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

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

115.277 (b)	<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 residents?	yes

115.278 (a)	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</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 resident to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</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>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	<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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	<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

115.283 (a)	<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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (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>115.283 (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>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

<b>115.283 (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 § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.283 (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>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (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>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.286 (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

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.287 (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>115.287 (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>115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.287 (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.)	yes

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (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>115.288 (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>115.288 (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>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (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>115.289 (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>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

<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, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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