

PREA Facility Audit Report: Final

Name of Facility: Alpha House

Facility Type: Community Confinement

Date Interim Report Submitted: 06/12/2019

Date Final Report Submitted: 10/28/2019

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"/>
Auditor Full Name as Signed: Cathy Slack	Date of Signature: 10/28/2019

AUDITOR INFORMATION	
Auditor name:	Slack, Cathy
Address:	
Email:	casconsulting@outlook.com
Telephone number:	
Start Date of On-Site Audit:	05/01/2019
End Date of On-Site Audit:	05/03/2019

FACILITY INFORMATION	
Facility name:	Alpha House
Facility physical address:	3109 1st Avenue North, Billings, Montana - 59101
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	John Williams
Email Address:	jwilliams@altinc.net
Telephone Number:	4062599695

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	John Williams
Email Address:	jwilliams@altinc.net
Telephone Number:	O: 4062599695 ext 129

Facility Health Service Administrator On-Site	
Name:	George Sheckleton
Email Address:	gsheckleton@hotmail.com
Telephone Number:	406-294-9609

Facility Characteristics	
Designed facility capacity:	225
Current population of facility:	229
Average daily population for the past 12 months:	222
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	
Age range of population:	18-80
Facility security levels/resident custody levels:	MTDOC Inmate Status, FBOP Community Corrections - Minimal
Number of staff currently employed at the facility who may have contact with residents:	98
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

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

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

Agency-Wide PREA Coordinator Information			
Name:	Rick Deady	Email Address:	rdeady@altinc.net

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 on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Alpha House Community Confinement Center in Billings, Montana was conducted on May 1st through May 3, 2019 by Cathy Slack from Florence, Colorado and Mary Ann Aldrich from Canon City, Colorado, both U.S. Department of Justice Certified PREA Auditor for adult facilities and/or community confinement centers.

The Alpha House PREA Coordinator was requested to complete the Pre-Audit Questionnaire and the PREA Resource Center notified by email that a new audit had been created on OAS for Alpha House on February 21, 2019. The PAQ along with supporting documents was uploaded for Alpha House on April 5, 2019 by the PREA Coordinator which is approximately four weeks preceding the on-site review portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator and PREA Compliance Manager in the form of emails to which responses were requested. Answers to the questions were submitted by the PREA Coordinator during the weeks prior to the on-site portion of the audit and reviewed by the Auditors prior to the on-site review.

The auditors met for dinner with the facility administration on Sunday, April 28, 2019. After introductions and welcoming remarks by the Agency Director, the discussion focused on the audit schedule and overview of the process. Present were the Agency Director, Facility Director/PREA Compliance Manager and the PREA Compliance Coordinator. The Auditor conducted an entrance conference with facility administration on the afternoon on Wednesday, May 1, 2019. After introductions and welcoming remarks by the Facility Director and the Auditor, the discussion focused on the audit schedule and an overview of the process. Present were the Facility Director/PREA Compliance Manager, PREA Compliance Coordinator, Facility Executive Assistant and the Screening and Disciplinary Coordinator.

On the first day of the audit after the entrance conference, the auditors toured the physical plant escorted by Mr. Rick Deady, PREA Coordinator. The buildings toured included the 1st Floor: Main Lobby, CA Area, Phone/Mail box area; dining room, kitchen; sanction rooms; staff lounge, staff offices, classrooms, Court Yard, Testing Area, Administrative Offices, Administrative Support/front lobby, Resident Accounting Office, Conference Room. Second Floor tour included: Resident Living area; resident laundry rooms (2), resident shower/bathroom (4), TV/Common Rooms (3); private bathroom (1). Basement floor included: Staff Offices, Electrical Room, Classroom, Computer Lab, Recreation room (2); maintenance access (Water)(Elevator) and the tour ended with the external building, the Honor's Buildings (2) transitional resident housing. Maintenance Garage, Courtyard and Shed.

During the two and one-half days of the on-site audit, the Auditors were provided a private conference room in the administration area of Alpha House from which to work and conduct confidential interviews. The Auditors conducted staff interviews in this conference room and/or staff offices. Resident interviews were conducted in private offices in Alpha House to facilitate easy movement of residents between programming and interviews. As of the date of this report, the Auditors have not received any correspondence or mail in the designated Post Office box.

The Auditor spoke informally with staff and residents during the tour and paid particular attention to the video monitoring capabilities in control rooms and administrator offices. After the physical plant review, the Auditor began interviewing random and specialized staff and random and special residents for the remainder of day one. On day two, the Auditor interviewed random and specialized staff (on all three shifts) and random and specialized residents. On day three, the Auditor interviewed any remaining specialized residents and conducted file and document reviews. The exit conference was conducted in the afternoon of day three.

Formal personal interviews were conducted with facility staff, residents and contractors. On the first day of the on-site review, there were 233 residents housed in the facility.

The auditors conducted the following number of resident interviews during the on-site phase of the audit:

Random Resident (Total=15)

Targeted Residents (Total=8)

Total Resident Interview (Total=23)

The breakdown of the number of targeted resident's interviews is as follows:

- Youthful Residents (0)
- Residents with a Physical Disability (1)
- Residents who are Blind, Deaf, or Hard of Hearing (1) (Sight Impaired)
- Residents who are LEP (0)
- Residents with a Cognitive Disability (2)
- Residents who identify as Lesbian, Gay or Bisexual (3)*
- Residents who identify as Transgender or Intersex (0)
- Residents in Segregated Housing for High Risk of Sexual Victimization (0)
- Residents who reported Sexual Abuse (1)*
- Residents who Reported Sexual Victimization During Risk Screening (0)

Total targeted resident interviews *=8

The auditor conducted interviews with the following agency leadership (not counted in totals below):

Dave Armstrong, Agency Head

John Williams, Facility Director/PREA Compliance Manager

Rick Deady, PREA Coordinator

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

Random Staff (Total=13)

Specialized Staff* (Total=23)

Total Staff Interviewed (Total=36)

- Medical Staff (2)
- Mental Health Staff (1)
- Administrative (Human Resources) staff (2)
- SAFE and/or SANE staff (1)
- Volunteers who have contact with residents (1)
- Contractors who have contact with residents (2)*
- Investigative Staff-Agency/Facility Level (2)**
- Staff who perform screening for risk of victimization and abusiveness (1)
- Staff on the sexual abuse incident review team (4)
- Designated staff member charged with monitoring retaliation (1)
- First Responders, security staff (1)
- First Responders, non-security staff (1)
- Intake Staff (1)
- Grievance Officer (1)
- Training And Development Coordinator (2)

Total specialized staff interviews =23

*Note: 4 of the 21 specialized staff interviewed were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the table above exceeds the number of specialized staff interviewed.

Included in the interviews were random staff representing all three shifts in both the pre and post programs (1st shift 6:00 a.m. – 2:00 p.m.; 2nd shift 2:00 p.m. – 10:00 p.m.; and 3rd shift 10:00 p.m. – 6:00 a.m.), also interviewed was the Training and Development Coordinator and Grievance Officer. The Agency Director was interviewed as well as several other staff which shared responsibilities at both Alpha House and Passages. Those shared interviews consisted of the Facility Director who was also assigned the PREA Compliance Manager; PREA Coordinator who was also assigned as a facility investigator and a member of the sexual abuse incident team; the Physician (contract staff) and 2 human resources staff. Staff were interviewed 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, first responder duties, data collection processes and other pertinent PREA requirements.

Audit notices were posted throughout the facility six weeks prior to the on-site review on March 5, 2019 and an electronic email was reviewed to verify photographic evidence was submitted demonstrating the timely posting of the notices. The facility was requested and agreed to keep all notices posted for six weeks after the on-site review. Audit notice postings with the PREA auditor's contact information were visible during the on-site tour. The PREA Coordinator designated the following locations for the posted notices: first floor -15 notices, second floor-11 notices, basement-6 notices and the outside Honor's Dorm 2 locations. .

The auditor reviewed personnel files of 4 staff members to determine compliance with training mandates and background check procedures. Resident files reviewed for 7 residents in the facility to evaluate screening and intake procedures, resident education and other general programmatic areas. The Total

Offender Management System was utilized during the audit to review One-on-One Case Notes from Case Managers, Risk Assessments and housing assignments.

The Auditors spoke via telephone on Wednesday, April 24, to the Executive Director of the YWCA Gateway (Rape Crisis Center) of Billings, to discuss and confirm the Memorandum of Understanding agreement in place with the Alternatives, Inc. to provide rape crisis intervention services to victims of sexual abuse that occurs in the facility. The Auditor also verified the SANE/SAFE services available at Billings Clinic in Billings, Montana. The Sexual Assault Program at Billings Clinic is a specially trained group of professionals who offer detailed physical examinations, evidence collection and expert testimony. Alternatives, Inc. has been working with the Sexual Assault Program Coordinator at Billings, who is a sexual assault nurse examiner (SANE) on the agency protocol and response plan.

On the on-site review of the physical plant, the Auditor observed, among other things, the facility configuration, location of cameras and mirrors, staff supervision of residents, dorm layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The Auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. The auditor recommended shower curtains that are clear on the bottom and top to allow better observation of residents to enhance prevention of sexual abuse/sexual harassment. Toilet stalls are also separated via laminated partitions and have doors to allow privacy. Notices of the PREA audit were posted throughout the facility in common areas.

The Auditors was treated with great hospitality during the visit by all the Alpha House staff. Residents and staff were made readily available to the Auditors at all times for formal and informal interviews. The Auditors were provided unimpeded access to all parts of the facility during the on-site review.

The Auditors conducted an exit conference with the agency officials on the afternoon of Friday, May 3, 2019. Agency administration and staff were very open and receptive to an honest discussion of areas where PREA compliance needs to be strengthened and the PREA compliance team began corrective measures immediately. Also in attendance at the exit conference was the Agency Director, Facility Director/PREA Compliance Manager and the PREA Coordinator, Facility Executive Assistant and Screening & Disciplinary Coordinator.

AUDIT FINDINGS

Facility Characteristics:

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

Alpha House is three floor renovated 40,000 square foot building designed to house Adult Male Community Corrections offenders in a Prerelease setting. The campus also includes two renovated houses used as "Honor Dorms" for residents, whose behaviors have been exemplary, the opportunity to transition to community living, by living in an "apartment" atmosphere.

Alpha House's main floor comprises the main CA area with three windows for resident check-in/checkout functions; a UA room; UA lab; de-escalation room, multi-function room, video surveillance monitor; resident telephone and mailbox area; dining room and kitchen. 4 Sanction Rooms (Holding 1 to 4 individuals) located to north of the CA area; North and West hallways staff offices, staff lounge, and classrooms (4), South Hallway administrative offices, administrative support staff, mailroom, public lobby and Resident Accounting offices. The Center of the facility is a courtyard which contains a Native American Teepee used for smudges and other Native American ceremonies.

Alpha House's 2nd floor contains 58 resident rooms laid out along four hallways, with rooms housing between 2 and 7 residents. 4 communal bathrooms/shower rooms along each hallway, 1 private bathroom/shower, 3 laundry rooms and 3 common/TV rooms/lounges and utility/maintenance closets.

Alpha House's basement (partial basement running along the north end of the building only) contains staff offices, a classroom, restroom, computer lab/kiosk room, recreation room and library. Basement contains access rooms for electrical, water and elevator controls (locked doors). Elevator access to all three floors.

North of the building is a resident's courtyard, where residents can play basketball, volleyball, horseshoes, lift weights, house their bikes (used for transportation to appointments/work). A maintenance garage used by maintenance staff and Inmate Workers adjacent to the courtyard. A staff parking lot to the west of the building and adjacent to the parking lot is the two buildings which includes the Honor Dorms.

The Honor Dorms contain 4 rooms in each dorm, each housing 3 people per room. Honor Dorm residents still must check-in and check-out at the main CA desk. CA Desk has a direct phone linked to the dorms for making general announcements or for contacting residents to report to appointments, or to the CA desk. Honor Dorms are under video surveillance outside and inside (common areas only).

Alpha House has a sanction area on the 1st floor with 12 sanction beds (4 beds to a room) and during the audit there were 8 residents assigned. The residents are confined to their room, however, the doors are unlocked. There is an alarm panel and an alarm will alert staff if a resident has left his room. The residents may be confined up to 30 days with an average stay ranging 15-20 days. The residents are allowed outside recreation 10 to 15 minutes on each shift. Some of the residents are able to go to work on a case by case basis and they can go job search if approved by the case manager. They also can do

required programming, such as, chemical dependency, life skills, and mental health. Each resident meets with a case manager weekly to go over any issues of concern. They are also have skype visits. Staff bring their meals to the residents, three times per day and 1 time per shift they receive medications. Any resident that comes directly from another agency receives PREA orientation.

Alpha House's capacity is approximately 225 with an average daily population over the last 12 months of 215 residents. All residents are male adults 18 years of age and older. Resident are all screened and approved by the Alpha House Screening committee before they are allowed to participate in the programs. The residents at Alpha House are expected to work in the community or seeking employment and most residents are out of the facility during varied work hours. As stated all residents are on "inmate status" with the Inmate Worker residents being restricted to the facility 24/7 (IW's may go out into the community if escorted for approved activities/functions).

Alpha House uses a mix of direct and indirect supervision with a video surveillance system to assist with supervision needs.

Alpha House provides a part-time (20 hours/week) LPN, along with a contracted physician to provide medical and mental health services to residents and Inmate Workers. Prerelease Residents receive their medical, dental and mental health services in the community.

Alpha House provides staffing that includes Client Advisors (Security), Case Managers, License Addiction Counselors (LACs), Licensed Clinical Professional Counselors (LCPCs) or Licensed Clinical Social Workers (LCSWs); kitchen staff, maintenance staff, Employment Assistants, Intake staff, PREA coordinator, PREA investigators, administrative support and administrative staff.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

During the past 12 months, Alpha House Center reported 2 allegation(s) of sexual abuse in their responses to the PAQ. One incident was found to be unsubstantiated and the other was unfounded. The Auditor reviewed the administrative investigation of these incidents to check for sufficiency and compliance with the PREA standards.

Overall, the interviews of residents reflected that they are aware of and understand the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake (i.e., Resident Handbook) that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to watching the PREA orientation video. Residents indicated they understand the various ways to report abuse internally. Residents were able to articulate to the Auditor what they would do and who they would tell if they were sexually abused. Residents consistently indicated to the auditor that they felt safe in the facility which is a most significant indicator of a positive and sexually safe culture in the facility.

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Overall, most staff demonstrated they were well trained on the PREA first responder's protocol for any PREA related allegation and they could clearly articulate the appropriate steps they would follow if they were the first responder to an incident. Staff can benefit from additional training on the evidence protocol, however, as a few staff indicated uncertainty about some of the evidence protocols. Sexual abuse incidents at the facility are rare and for this reason it is important to provide periodic training reinforcement and practice of the protocol through training events or mock drills to maintain the skill set of the first responders.

In summary, after reviewing all pertinent information and after conducting the on-site review, resident interviews and staff interviews, the Auditor found that agency leadership and staff have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA. Discussions with agency leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of residents and staff in the facility. It was further evident that staff and residents were invested in

PREA as demonstrated through their knowledge and understanding of the protections and requirements. While there are certain areas of compliance that will require strengthening through corrective actions as detailed in this report, those corrections are relatively easy to accomplish and the Auditor expects full compliance will be achieved soon. As a result of the exit conference with Alternatives, Inc. officials, the compliance team immediately began their corrective actions by updating a revised K14S Searches policy and a revised A22 PREA policy as well as a revised H47 Critical Incident Stress Debriefing to include an attachment of the incident review form.

The final status of standards that were exceeded, met, not met or not applicable is detailed below. There are a total of 39 standards. Most standards have between 1-10 subsections. To achieve compliance on any given standard, the facility must achieve 100% compliance with each and every subsection within the standard.

Overall Compliance As Reflected in Interim Compliance Report:

Number of standards exceeded: 2

- §115.231;
- §115.232; and

Number of standards met: 31

- §115.211; §115.216; §115.217 §115.218;
- §115.221; 115.222
- §115.233; §115.234; §115.235;
- §115.241; §115.242;
- §115.251; §115.252; §115.253 §115.254; §115.261 and §115.262; §115.263; §115.265; §115.267; §115.268
- §115.271; §115.272; §115.273;
- §115.276; §115.277; §115.278
- §115.281; §115.282; §115.283; §115.289

Number of standards not met: 4

- §115.213
- §115.286
- §115.287
- §115.288

Number of standards not applicable: 2

- §115.212
- §115.266

Total Standards: 39

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House completed Pre-Audit Questionnaire (PAQ) 2. Alternatives Inc. Policy: <ol style="list-style-type: none"> a. ALT A22 Prison Rape Elimination Act (PREA) of 2003 b. ALT H17 Sexual Harassment c. H1 Employee Handbook has Section II Employment Policies d. H33 Staff Conduct with Offenders e. H43 Fraternalization Policy 4. Alternatives, Inc. Website 5. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>Findings (By Subsection):</p> <p>Subsection 115.211 (a): Alternatives, Inc. has a comprehensive agency policy on sexual abuse and sexual harassment contained in A22 Prison Rape Elimination Act of 2003 and H1 Sexual Harassment. These policies clearly mandate zero tolerance toward all forms of sexual abuse and sexual harassment. The agency's policy A22 outlines how it will prevent, detect and respond to sexual abuse and sexual harassment in Section B-L. ALT H17 Sexual Harassment also provides additional information about the agencies policies governing Sexual Harassment in Section I. The agency policy A22 PREA details definitions that are compliant with the PREA Definitions. Prohibited behaviors and sanctions are outlined in A22 PREA Policy for both sexual abuse and sexual harassment in page 2 & 3 Section IV (A). Multiple policies address the sanctions for both employees and residents who engage in prohibited behaviors under PREA; ALT H1 Employee Handbook, H33 Staff Conduct with Offenders and H43 Fraternalization Policy. ALT-A22 PREA Policy provides for specific PREA Compliance with agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents in the form of the following: offender orientation & education, offender reporting, prevention, intervention, services to victims, exams of sexual abuse victims and investigation protocols, staff documentation and training.</p> <p>Subsection 115.211 (b): Alternatives, Inc. has designated Rick Deady as the PREA Coordinator and reports to the Contract Assurance Coordinator. The PREA Coordinator reports that he has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA. The PREA Coordinator is shown on the administrative organizational chart he is also assigned at the Emergency Safety Planner/PREA Coordinator. The PREA Coordinator's job description includes responsibilities as an Emergency Safety Planner and PREA Coordinator and is directly accountable to the Director of Human Resources of Alternatives, Inc. The PREA Coordinator has completed the on-line NIC course entitled: PREA Coordinator's Roles and Responsibilities. This information was also based on interviews with the PREA Coordinator.</p>

	<p>Subsection 115.211 (c): Alternatives Inc. has designated the Facility Director as the PREA Compliance Manager and he reports to the Chief Executive Officer of Alternatives, Inc.</p> <p>Corrective Action: None</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <p>1. Alpha House completed Pre-Audit Questionnaire (PAQ)</p> <p>Subsection 115.212: This standard is not-applicable. Per the PAQ, 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 (residents) offenders. No contracts are required.</p> <p>Corrective Action: None</p>

115.213	Supervision and monitoring
	<p data-bbox="252 168 895 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 991 358">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 369 1157 784" style="list-style-type: none"> 1. Alpha House Pre-Audit Questionnaire 2. K42 (A) Client Advisor Shift Scheduling 3. ALT A22 PREA Policy 4. ALT 218 PREA Staffing Plan Annual Review, 2016, 2017, 2018 5. Facility diagrams of physical plant layout showing camera locations 6. Interviews with the following: <ol style="list-style-type: none"> a. Facility Director b. PREA Compliance Manager c. PREA Coordinator d. Intermediate or Higher Level Facility Staff <p data-bbox="252 840 587 873">Findings (By Subsection):</p> <p data-bbox="252 929 1481 1512">Subsection 115.213 (a): Alpha House uses form ALT218 as the PREA Annual Staffing Plan review which has four sections: 1) Basic Information includes involved administrators to review the form 2) Staffing Plan Requirements includes 10 of the 11 sections from the Adult Jails and Prisons Standards which are not required by the Community Corrections Standards 115.213 and this section also includes comments about blind spots. Alpha House does not provide a careful analysis describing the numbers and types of positions in details as they relate to ensuring sexual safety. This section does include a sentence on "The prevalence of substantiated and unsubstantiated incidents of sexual abuse" which is incorporated from the 11 sections from the Adult Jails and Prison standard. 3) the Video Monitoring Systems and Technologies which include adjustments to the video monitoring systems and other monitoring technologies 4) Resources includes adjustments to the resources available to the facility to ensure adherence to the staffing plan (budgetary limits, cameras added, etc. 5) Recommendations includes any changes in staffing or video or other surveillance technologies.</p> <p data-bbox="252 1568 1469 2116">Alpha House staffing plan includes a physical diagram of camera locations, A22 PREA Policy, Page 3, B. 2. a. which requires development and documentation of a staffing plan that provides adequate levels of staffing and video monitoring to protect residents against sexual abuse and policy K42 (A) Client Advisor Shift, page 1, Section IV. Procedure A. "Each shift will have a minimum of three staff present. The ideal staffing level; when personnel are available will have at least 4 staff per day and night shift and 5 for swing shift. This is to address the staffing needs when a majority of the resident population is in house. If there are personnel available, staffing shifts with more Client Advisors will be based on the priority of needs being swing shift, nights, and then days. Section D. of these standard states, "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 Client Advisor staff. Based on interviews when call-offs do occur there is no documentation to support the call-off and how staff were re-assigned to fill the vacant post.</p>

Alpha House does not have a staffing plan document that includes (1) the physical layout of the facility; (2) the composition of the resident populations (3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) any other relevant information. "While the facility submitted schematics of the physical plant, these diagrams do not reflect staff placement, movement or post functions, etc. The facility documented camera locations in their floor plans; however; they were difficult to view and understand on paper. There is a camera video monitoring system at Alpha House and following the last Audit, the Camera Surveillance system at Alpha House was updated. The new web based 100 camera system was installed and operational in late February or early March of 2017. The system software was upgraded in 2019. There are 100 cameras operational, with 1 additional camera placed in the center of the old recreation manager's office which was installed in April 2019 to address blind spot/offender activity. Also, there are plans to add an additional camera to a closet/storage area that has a roof access. An 80 inch Monitor has been placed in the Client Advisor area where 16 different cameras can be viewed at one time. Additional desk based monitors can be used to monitor one or multiple cameras. The Operations Supervisor, Director, CEO and PREA Coordinator have remote access to camera system via desk top computers and/or laptops. There is 30 day storage of video, and ability to search, save and export videos of events needing to have video surveillance maintained. According to interviews, as budgetary limits allow, additional cameras will be added to the system based on security staff, and management's review of camera footage and/or analysis of possible blind spots throughout the facility. The Alpha House Annual Staffing Plan does make a statement as budgetary limits allow, additional cameras will be added to the system based on security staff, and management's review of camera footage and/or analysis of possible blind spots throughout the facility. Since the last PREA audit, the average daily number of residents was 210. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 225.

Subsection 115.213 (b) The K42 (A) Client Advisor Shift Scheduling does include a statement "Deviations from the staffing plan must be pre-authorized by the Director." Alpha House also submitted floor plans of the facility. 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 Client Advisor staff but there is no documentation to validate to review any deviation of schedule. Alpha House reports in the PAQ that there have been no deviations from the required ratios or staffing plan in the past 12 months and no reasons for staffing plan to be deviated. It was found that staff may call off and the Shift Supervisor may call someone back to fill in the vacancy but this was not documented. Documentation for any deviations should identify instances in which actual deployment fell short and an explanation of the cause.

Subsection 115.212(c): There is documentation of an Annual Staffing Plan for Alpha House. ALT 218 PREA Annual Staffing Plan review was reviewed for 2016, 2017 and 2018.

Corrective Action: Alpha House develops a process to document a careful analysis describing the numbers and types of positions in details as they relate to ensuring sexual safety. Alpha House is to develop a system of written documentation for call-offs or any time the staffing is deviated to show how staff were re-assigned to fill the vacant post.

The Staffing Plan should be expanded and enhanced to include additional information that reflects staff placement, movement, post functions and supervisory placements. The final

approved staffing plan must be provided to the auditor along with training documentation for all staff on the plan to demonstrate institutionalization of this standard. The records of incidents of sexual abuse are important sources of information for staff plan development and should be reviewed in entirety to identify times of day or locations within the facility where staffing modifications are needed in order to protect sexual safety in a facility. The current staffing plan is inadequate in this area as it has not reflected the details of locations and time. It is recommended that Alpha House review the PREA Resource Center website for the document "Developing and Implementing a PREA-Compliant Staffing Plan" which is developed by the Moss Group, Inc. The staffing plan must describe the numbers and types of positions and video monitoring equipment needed, and the manner in which they would be deployed within each facility to meet the facility's mission to protect residents from sexual abuse. It is recommended Alpha House review the latest guidance regarding the development of a PREA compliant staffing plan provided via a PREA Resource Center (PRC) webinar. This webinar provides considerable new guidance for both facilities and auditors on how to construct and audit a staffing plan. The staffing plan should be a document that clearly identifies the intended deployment of staff by describing relieved posts and positions, the types of employees to be assigned, the location of the post/position of the facility, and the purpose of the post/position.

Verification of Corrective Action since the Audit:

The Auditor was provided supplemental documentation on August 29, 2019 for evidence to demonstrate corrective action taken by the Alpha House administration regarding this standard. The documentation is discussed below:

Additional Documentation Reviewed:

- K42(A) Client Advisor Shift Scheduling revised July 15, 2019
- ALT 218 PREA Staffing Plan Annual Review Forms
- ALT 22 PREA Policy
- KAPPA (Interagency meeting) –includes staff plan & HR issues (July 15, 2019)
- OMEGA (Interagency meeting)- includes staffing, video surveillance) (July 22, 2019 and August 25, 2019)
- Work Wear Scheduling Program Examples (included in uploaded draft Corrective Action Info)
- Camera Location List
- Training to Policy Updates of K42 (A) Client Advisor Scheduling and A22 PREA policy

Subsection 115.213 (a) Alpha House staffing plan now includes the following: (1): The physical layout of Alpha House which has the second floor housing of prerelease residents for both Montana (MT) DOC and FBOP. The FBOP has a dedicated section of the 2nd floor with the remainder of the floor housing MT DOC residents. The housing rooms contain between 2 to 5 residents. The 2nd floor contains 3 day rooms, 2 laundry rooms, 3 communal shower/restrooms and a private shower/restroom. Alpha House also has two Honor Dorms located on the campus that houses up to 8 residents each in an apartment style living setting. Residents can apply and are approved for housing in the Honor Dorms based on their history while in Alpha House and their disciplinary record. All common areas of the 2nd floor and the Honor Dorms have video surveillance in addition to staff walk thru or rovers. (2)): The composition of the resident population are screened by the Alpha House Screening Committee comprised of the Screening/Disciplinary Coordinator, Operations Supervisor, Director/COO, Probation and Parole PO II, Community Members, local law enforcement. Those prospective residents that pose a potential security or other threat are denied

admittance. Alpha House as a Community Corrections facility maintains low security residents and the facility does utilize 3 sanction rooms for residents pending transport to another correctional facility or to serve a sanction and return to the facility or to the community. The composition of the residents is low security, with release to the community or another treatment or correctional facility as the goal. (3) There have not been significant numbers of sexual abuse at Alpha House. There were two allegations of sexual abuse and one was found to be unsubstantiated and the other unfounded in the last 12 months. Locations were monitored, however, one of these occurred near the Client Advisor station and the other occurred by phone and texting, therefore, no significant cases of one specific area or place of sexual abuse incidents. (4) Opportunities to review PREA related issues are conducted during mid and upper level management meetings: Kappa is the Alpha House Management meeting which is conducted on a weekly basis. The Omega is an agency, Alternatives Mid, and Upper Management meeting and is conducted on a monthly basis. Delta is also an Alternatives Upper Management conducted on a monthly basis and these minutes were reviewed by the auditor. Alpha House' Director also conducts weekly meetings with his management staff, such as Contract Assurance Coordinator, Operations Supervisor, Housekeeping, Screening/Disciplinary Coordinator, Treatment Supervisor, Program Supervisor and opportunity where PREA relates Issues from these weekly meeting are also discussed. In an interview with the PREA Coordinator, he indicated he has a standing time to meet with the Delta Team at their monthly meeting to discuss PREA related issues/concerns and to review any Sexual Abuse Incident Reviews, discuss on-going investigations and to review any upcoming issues, such as the placement of a resident who has identified as Trans-Gender or Gender Non-Conforming. Also, he has the opportunity to review recently completed After Action Reviews The facility uploaded a camera listing locations on October 11, 2019 which made it clearer and easier to understand and read.

Subsection 115.213 (b): The staffing plan now includes a system to reflect placement, movement, post functions, and supervisor placements. The K42 (A) Client Advisor (CA) Shift Scheduling policy has been revised July 15, 2019 which states, "Deviations from the staffing plan must be pre-authorized by the Director." In interview with the PREA Coordinator the deviations are when circumstances are not complied with or reached below minimum staffing. The policy also states, "If a deviation should occur due to a call-off, the In-Charge will call in back-up within the existing Alpha House CA staff, Passages CA staff and may include upper management within the agency. Pre-approved Case Managers and Support staff may also be called on to fill shifts as needed. See the CA structure if need to fill the shift to minimum standards." Any deviations of the staffing plan is to be documented and reviewed, Alpha House has purchased the "WhenIWork" software for CA scheduling and implemented the software on July 1, 2019. The WhenIWork program denotes the schedule for each staff person assigned to work CA shifts and identifies day shift, swing shift, night shift, In-Charge CA, scheduled days off, sick days/call offs, and shift notes identifying staff assigned to cover call offs, fill-ins, etc. Weekly CA schedules for the Weeks of: July 29 through August 4; August 5th through August 11th; August 12th through August 18th; and August 19th through August 25th were reviewed as well as examples of the daily schedules for August 1st through August 10th, 2019.

As a Community Corrections facility, some administrative positions are used during regular business hours, Monday through Friday, such as, the Operations Supervisor; Client Advisor Supervisor; Director; Assistant Director, Program Supervisor and Treatment Supervisor are

staffed in the facility if needed. The staffing schedule identifies one or more CA-IV as the In-Charge CA for each shift. A staff briefing is held at the beginning of each shift to update the next shift about specific resident issues, which include PREA related issues. The In-Charge CA following the shift briefing will assign the CA's to their required functions with the staff based out of the CA station. All CA staff have two-way radios that they maintain throughout the shift. CA Staff are required to move throughout the unit they are assigned to and to not be stationary in the CA office. (However, one CA will be in the main CA Station at all times). The TOM system requires the CA's to conduct random walk-thru (Rovers) that are documented on a Tablet and maintained in TOM.

115.213 (c)-3: Alpha House has amended K42 A Client Advisor Scheduling Policy and revised the Staffing Plan. The facility has also purchased scheduling software to ensure all shift assignments and schedules are documented. Meeting minutes have been reviewed in regards to policy updates, staff training, and acknowledgement of understanding of policies.

Alpha House staff were trained to revisions of A22 PREA policy and K42A Client Advisor Shift Scheduling on October 2, 2019. Alternatives (agency) and Beta staff were trained on revisions of these policies on October 2, 2019. All staff were cross-trained as these staff on occasion assists with Alpha House. Meeting minutes have also been reviewed where training was conducted on A22 PREA policy. There is indication from the new employee schedule that staff are being trained on revision of PREA on-line. Training documentation has been reviewed in regards to policy updates to include acknowledgement of understanding of policies.

115,213 (c)-3: Passages has amended K42 A Client Advisor Scheduling and revised Staffing Plan. The facility has also purchased scheduling software to ensure all shift assignments and schedules are documented. Meeting minutes have been reviewed in regards to policy updates, staff training, and acknowledgement of understanding of policies

Alpha House is now compliant with this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Alpha House Completed Pre-Audit Questionnaire 2. K14S Searches 3. Policy K24 A Resident Handbook 4. K6(A)Resident Head Counts Walk-Throughs and Room Checks 5. NIC's videos and curriculum for Guidance on Cross-Gender and Transgender Pat Searches 6. A Cross Gender Supervision Handout dated 4-9-15 7. Cross Gender Supervision Power Point dated 4-9-15 (PREA Resource Center) 8. Interviews with the following: <ol style="list-style-type: none"> a. Random Staff b. Random Residents <p>Findings (By Subsection):</p> <p>Subsection 115.215 (a): K14 Searches policy addresses resident Searches which Alpha House where staff do not conduct cross-gender or cross gender visual body cavity searches of residents. K14S Searches policy dated 4/13/17; page 3, Section G. Strip searches covers searches. This policy was combined and titled K14 (S) Searches which was updated during the on-site audit phase effective May 1, 2019 and was reviewed by the auditors to see if any changes had taken place that may affect this standard. There was a pat down log reviewed for the period of 3/2/2018 to 2/28/2019 and there were no strip searches indicated." In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero. In the past 12 months, the numbers of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff were zero. This information was verified by interviews with staff.</p> <p>Subsection 115.215 (b): is NA as Alpha House is an all-male facility.</p> <p>Subsection 115.215 (c): In regards to strip searches, K14(Searches policy dated 5/1/2019, page 3, Section H. outlines strip searches states and a full written report shall be routed to the Chief Operations Officer (COO) and Chief Executive Officer (CEO) within 24-hours of a strip sears. Section IV H. outlines body cavity searches. A full written report shall be routed to the director within 24 hours of a strip search." Policy K14 (A) addresses strip searches which may be done only upon articulable reasons. In-Charge Client Advisor must obtain permission from the Operations Supervisor, the Director or agency CEO. A full written report shall be routed to the Director with 24 hours. In regards to body cavity searches, body cavity searches would only be authorized by the CEO and must be conducted in private by appropriate medical personnel (excluding facility medical providers). Alpha House is a male facility so cross gender pat down searches of female residents does not apply.</p> <p>Subsection 115.215 (d): The facility has implemented policies and procedures for showers in K24 A Resident Handbook, page 13 Personal Hygiene/Housekeeping. The shower rooms do not have camera surveillance inside of the rooms, bathroom stalls; have doors that are to be</p>

closed when in use. Client Advisors can verify presence by verbally identifying a resident in the shower or stalls, without physically observing them. Residents are trained to be appropriately dressed at all times, except when in the shower. Dress requirements are clarified for residents when outside of resident rooms at all times and when sleeping residents must wear clothing. Residents must close toilet and shower stalls while using them and keep the door to their room shut while changing clothes. K6 (A) Resident Head Counts Walk-Throughs and Room Checks, page 1, Section IV (A) states "In conducting a headcount, the Client Advisor will identify by sight and/or by the resident's voice, if the resident is in the shower, the whereabouts of each resident. Female staff is trained to verbally announce anytime they enter the housing unit (2nd floor) or Honor's buildings as well as knocking and announcing they are entering a room. K6A Head Counts Walk-Throughs and Daily Room Maintenance Checks, page 2, IV. A. 5. Staff members entering rooms, housing residents of the opposite gender must knock prior to entering the rooms."

Subsection 115.215 (e) K14 (s) Searches dated 5/1/2019 in section H. and I. outlines strip searches and cavity Searches. It requires that Staff will not search or physically examine any resident for the sole purpose of determining their genital status. For both strip searches and body cavity searches this policy requires a full written report shall be routed to the Director within 24 hours of a strip search. According to the PAQ, there have been no searches of transgender or intersex residents in the past 12 months for the sole purpose of determining the resident's genital status. This was also based on resident interviews.

Subsection 115.215 (f): According to the PAQ, 100 percent of all staff has been trained on conducting cross-gender pat-down searches. Staff has been trained by Use of NIC's videos and curriculum for Guidance on Cross-Gender and Transgender Pat Searches are provided to Client Advisor staff on an ongoing basis. Senior Client Advisor staff will provide ongoing Pat Search training to staff during regular Client Advisor meetings held every Wednesday. A Cross Gender Supervision Handout dated 4-9-15 is provided to all staff as a reminder about cross gender strip searches and gender announcements. There is also a Cross Gender Supervision Power Point dated 4-9-15 that is used for training of all staff regarding PREA, Gender Supervision and Searches and a power point from the PREA Resource Center on Gender and Transgender pat searches facilitator guide. This information was also based on resident's interviews.

Corrective Action: None

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> 1. PAQ 2. Alt-A22 PREA Policy 3. K56A Case Management Intake and Orientation 4. K13S Resident Control of Other Residents 5. Alt 79 Interpreters Use Standards Form 6. L19S Weekly Contract Review 7. Staff Translators 8. Language Line Services Contract Information/Credit Card 9. Interviews <ol style="list-style-type: none"> a. Agency Head b. Case Managers c. Random Staff d. Residents with disabilities or who are limited English Proficient <p>Findings (By Subsection):</p> <p>Subsection 115.216 (a): ALT A22 PREA Policy provides procedures for disabled resident's equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to a sexual abuse and sexual harassment. This policy defines Special Needs Residents on page 4. as offenders who may require accommodation, arrangements or programming different from the general population offender which may include, but not limited to, developmentally disabled, mentally ill, physically handicapped, chronically ill, chemical dependent and other considered vulnerable or predatory who may require special protection or management. L56A Case Management Intake and Orientation policy requires Case Managers to meet with residents to include social history which is found in the screening packet, OMIS, and PSI, the history includes family history, chemical dependency issues, past treatment, etc. If a resident does not understand English, Alternatives will provide orientation materials and/or translation in his language. When a literacy problem exists, a staff member assists the offender in understanding the material. L19S Weekly Contract Review is when the case manager should discuss the resident's behavior in house, both toward staff and other residents. If the resident reports sexual abuse, the case manager will inform the Director for the investigation. An email request to the PREA Coordinator on 4/11/2019 for any sign language contracts indicated Alternatives, Inc. does not have any contracts for services or MOU with a private vendor to provide sign language interpreting services. Language Line services does include access to American Sign Language with skype or video. Alpha Houses does a pay as you go with Language Line to conduct services with a corporate credit card. The one resident that was hard of hearing said did not need a sign-language interpreter.</p> <p>Subsection 115.216 (b): Policy A22 PREA page. 3, C. outlines that all offenders will receive information about sexual abuse and sexual harassment and designated staff shall communicate the information verbally and in writing, in a manner clearly understood by offenders, including those with limited English proficiency. Alpha House has four PREA staff</p>

translators, two for Spanish, one staff for Japanese and one for Mandarin and residents also have access to Language Line Services. Policy L19S Weekly Contract Review and Individual One-On-Ones provides Case Managers meet with each resident one time per week to go over their Individualized Program Plan which includes any mental or physical health conditions as well as any family or social issues pertaining to the resident's program compliance. L56A Case Management Intake and Orientation requires Case Managers meet with residents to include social history which is found in the screening packet, Offender Management Information System (OMIS) and Pre-sentence Information (PSI), the history includes family history, chemical dependency issues, past treatment, etc. If a resident does not understand English, Alternatives will provide orientation materials and/or translation in his language. When a literacy problem exists, a staff member assists the offender in understanding the material. Alternatives, Inc. does not have a contract with the Language Line Service as they offer a pay as you go/use service which has been authorized with a corporate credit card. The LLS service will be renewed in August 2019. The Resident Handbooks do not have information about Language Line. Each Case Manager has the information about the Language Line Service. Residents were interviewed and indicated they were aware of access to a Language Line and based upon staff interviewed all staff were aware of the facility staff translators.

Subsection 115.216 (c): The facility will not utilize resident interpreters as outlined in K13S, resident readers or other type of resident assistance, except in exigent circumstances, when performing first response duties under PREA or during investigation of allegations. Staff translators and/or Language Line services will be the first avenues used by staff which is outlined in K13S Resident Control over other Residents. There are also PREA Translators and the Language Line Services available for residents. No exigent situations or incidents have occurred that necessitated the use of resident interpreters, readers or other types of resident assistance. In the past 12 months, there have been zero (0) instances where resident interpreters, readers, or other types of resident assistants have been used. Interviews with staff and residents indicate that resident interpreters are never used only in exigent circumstances.

Corrective Action: None

115.217	Hiring and promotion decisions
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 975 360">Evidence Reviewed (document, interviews, site review):</p> <ol style="list-style-type: none"> <li data-bbox="252 371 520 405">1. Alpha House PAQ <li data-bbox="252 416 360 450">2. Policy <ol style="list-style-type: none"> <li data-bbox="252 461 608 495">a. H26 Background Checks <li data-bbox="252 506 1182 539">b. H12 Authorization Recruitment, Selection and Retention of Personnel <li data-bbox="252 551 671 584">c. H44 Background Check Form <li data-bbox="252 595 895 629">3. Contractor Background Check (personnel files) <li data-bbox="252 640 676 674">4. Employment Application Form <li data-bbox="252 685 1417 752">5. Personnel Files of persons hired or promoted in the past 12 months to see background checks <li data-bbox="252 763 671 797">6. Personnel File Annual Update <li data-bbox="252 808 416 842">7. Interviews <ol style="list-style-type: none"> <li data-bbox="252 853 807 887">a. Administrative (Human Resources) Staff <p data-bbox="252 931 584 965">Findings (By Subsection):</p> <p data-bbox="252 1021 1481 1648">Subsection 115.217 (a): Per H26 Background Checks and H12 Authorization Recruitment, Selection and Retention of Personnel policies require that all staff hired by Alternatives, Inc. have a criminal background check completed, including providing fingerprints to the Department prior to employment. The Department of Corrections runs the criminal background check and either approves or denies the hiring of the individual(s). Human Resource (HR) staff facilitates this process by bringing the prospective employee to Yellowstone County Jail to be fingerprinted and also having them sign releases allowing the background checks to be completed. Additionally, HR conducts reference checks with previous employers. If a previous employer is a correctional facility or program, HR will talk with the PREA Coordinator or Manager or HR at the facility to ask specifically about any PREA related issues. The Alternatives, Inc. Application, page 3 does have a criminal history section asking if the applicant has ever been convicted of a criminal offense but does not ask any specific PREA questions regarding previous behavior of sexual abuse or sexual harassment; however ALT 44 Eligibility for Employment Background Check does ask the required questions for this standard.</p> <p data-bbox="252 1704 1481 2029">Subsection 115.217 (b): Per H26 Background Checks and H12 Authorization Recruitment, Selection and Retention of Personnel policies require that all staff hired by Alternatives, Inc. have a criminal background check completed, including providing fingerprints to the Department prior to employment. The Human Resources conducts reference checks with previous employers. If a previous employer is a correctional facility or program, HR will talk with the PREA Coordinator or Manager or HR at the facility to ask specifically about any PREA related incidents of sexual harassment. All qualifications for a position must be verified by the Human Resource Department.</p> <p data-bbox="252 2085 1422 2152">Subsection 115.217 (c): Per H26 Background Checks and H12 Authorization Recruitment, Selection and Retention of Personnel background check and H12 also includes Reference</p>

checks to meet PREA compliance. Additionally, HR conducts reference checks with previous employers. If a previous employer is a correctional facility or program, HR will talk with the PREA Coordinator or Manager or HR at the facility to ask specifically about any PREA related issues. In the past 12 months, 61 persons hired who may have contact with residents have had criminal background record checks.

Subsection 115.217 (d): Per ALT A22 PREA policy which requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. A vending contract agreement with Billings Vending dated December 2018 was reviewed and it does include PREA information on the 1st and 2nd page of the contract and provides resource information. The owner and two staff from Billings Vending met with the facility PREA Coordinator for orientation. Background checks were completed for all three individuals working at Alternatives, Inc. facilities. In the past 12 months, there was one new contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents.

Subsection 115.217 (e): The application does not ask; however, Form Alt 44 Eligibility for Employment Background does ask the necessary PREA questions required for this standard. Updated policies H26 Background Checks and H12 Authorization Recruitment Selection and Retention of Personnel address the ongoing criminal background checks for all employees every five years as well as contractors. The H26 Background Checks policy requires The Probation and Parole Division (PPD) will conduct criminal background checks on successful applicants prior to the applicant being scheduled with a start date. Background checks will be completed on current employees every five (5) years in accordance with PREA to check for new convictions. Policy H12 Authorization Recruitment Selection and Retention has a procedure on references and background checks with any issues of concern will be reviewed by the Director of Human Resources.

Subsection 115.217 (f): The application does not ask the necessary PREA questions for new employees or current employees seeking promotion. H26 Background Checks, page 2, IV. A. 6 references form ALT 38 which does impose a continuing affirmative duty to disclose any such conduct from their employees. An email was sent to ask about the application information on 4/10/2019. The PREA Coordinator responded the Personnel File Annual Update does ask about previous sexual misconduct and PREA related questions was uploaded and reviewed. Also, the ALT 44 Background Check HR form was uploaded and reviewed which asks the PREA questions regarding misconduct and sexual harassment. This is a pre-employment/job offer form that is completed after HR has accepted an online application and has called the perspective employee in to begin the Montana Department of Correction's required background check.

Subsection 115.217 (g): H20 Employee Discipline and Background check policy addresses material omissions or false information under PREA standards as grounds for dismissal. H20 Employee Discipline. Policy H20 Employee Discipline, page 2, IV A. 10. Falsification of employment application, resume, alien work authorization papers, or other official record identification will be grounds for disciplinary action. H26 Staff Background Checks, page 2. IV. A. 6. references those Employees who have a continuing affirmative duty to disclose any sexual harassment or misconduct has the duty to disclose on form ALT 38

Subsection 115.217 (h): Alternatives, Inc. does not have this written into any policy or document. Based on the Society for Human Resource Management (SHRM) Ethics Standards, they would respond and provide information on a former employee who had a substantiated allegation of sexual abuse or sexual harassment, if asked by an institutional employer calling for reference. Based on interviews with Human Resource staff they would inform other agencies of sexual abuse or sexual harassment upon receiving a request.

Human Resource staff also provided a copy of ALT 22 Reference Check Questionnaire which is used to conduct reference checks on all new employees and stated that Question 10 "Did this employee leave pending an investigation of substantial allegations of any kind?" is asked and that all the questions Alternatives asks on reference checks, HR would answer or respond if an employer was calling regarding a prior employee of Alternatives, Inc. Interviews with the Human Resources Administrator and Assistant for Alternatives, Inc. confirmed all procedures are detailed, extensive and meet all PREA requirements of this standard.

Corrective Action: None

115.218	Upgrades to facilities and technology
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 1445 663" style="list-style-type: none"> 1. PAQ 2. Camera Diagrams 3. Site Review and Tour of Buildings and infrastructure (interior and exterior) noting camera placement/coverage. 4. Interviews <ol style="list-style-type: none"> a. Agency Head b. Director <p data-bbox="252 707 587 741">Findings (By Subsection):</p> <p data-bbox="252 797 1445 920">Subsection 115.218 (a): Per the PAQ the Alternatives, Inc. has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. This information was verified in the interviews with the agency head and the facility director.</p> <p data-bbox="252 976 1477 1603">Subsection 115.218 (b): Alpha House's entire camera system was upgraded from a DVR based system with analog cameras, to a Web Based, High Definition Camera System with 24 Terabytes of memory, expandable to 40 Terabytes. Cameras include, direct line of sight cameras, 180 Degree cameras, 360 Degree Pano Cameras. Installed an 80 inch monitor in the Client Advisor Area. CEO, PREA Coordinator, Operations Supervisor, Client Advisors have PC access to video surveillance system. The new web based 100 camera system was installed and operational in February/March of 2017. Board Meeting Minutes of March 16, 2017 references the installation of the new camera system. The system software was upgraded in 2019. There are 100 cameras operational, with 1 additional camera placed in the center of the old recreation manager's office which was installed in April 2019 to address blind spot/resident activity. Also, there are plans to add an additional camera to a closet/storage area that has a roof access. A diagram identifying Camera Locations were reviewed by the auditor. Locations of cameras were verified during the on-site tour and in interviews of staff. This information was also verified in the interviews with the agency head and the facility director.</p> <p data-bbox="252 1659 560 1693">Corrective Action: None</p>

115.221	Evidence protocol and forensic medical examinations
	<div data-bbox="252 165 896 203" data-label="Text"> <p>Auditor Overall Determination: Meets Standard</p> </div> <div data-bbox="252 244 523 282" data-label="Section-Header"> <p>Auditor Discussion</p> </div> <div data-bbox="252 322 1005 360" data-label="Text"> <p>Evidence Reviewed 9 (documents, interviews, site review)</p> </div> <div data-bbox="252 365 1233 1128" data-label="List-Group"> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. A 22 PREA Policy b. A29 Internal PREA Investigator Description Duties 3. MOU with Billings Police Department and Alternatives, Inc. dated 4/17/19 4. MOU with YWCA Gateway Program (Rape Crisis Center) dated 4 /10/19 5. SANE Brochure from Billings Clinic, Billings, Montana 6. SANE Video from Billings Clinic, Billings, Montana 7. Billings Clinic website on SANE Program 8. Mental Health License 9. Investigator Training Records 10. Emails Regarding MOU 11. Interviews <ol style="list-style-type: none"> a. Random Staff b. Investigative Staff c. PREA Compliance Coordinator d. Residents who reported sexual abuse e. SAFE/SANE Staff </div> <div data-bbox="252 1180 587 1218" data-label="Text"> <p>Findings (By Subsection):</p> </div> <div data-bbox="252 1267 1481 2029" data-label="Text"> <p>Subsection 115.221 (a): Per A29 Internal PREA Investigator Description Duties and A22 PREA policy, the Agency's two PREA Investigators will conduct the initial interviews on alleged resident on resident sexual abuse or staff sexual misconduct. If the initial investigation does not rise to the level of criminality, the administrative investigation will be completed internally. The PREA report will be submitted to the Montana Department of Corrections or Federal Bureau of Prisons for their review. According to A22 PREA Policy the Passages Assistant Director/Contract Assurance Coordinator and the PREA Coordinator are the designated PREA investigators for all Alternatives, Inc. facilities and will investigate alleged incidents of sexual abuse and sexual harassment in cooperation with Billings Police Department and report to the Montana Department of Corrections or Bureau of Prisons as needed and as delineated in A29 PREA Investigator Description and Duties. There is a Memorandum of Understanding with the Billings Police Department which is dated May 20, 2016 and good for 2 years. During the PAQ review an updated MOU from the Billings Police Department was received and it is dated 4/17/2019 and good for 3 years. If the PREA incident requires collection of evidence, agency staff will secure the location and ensure that the scene is not tampered with or disturbed until the Billings Police Department can collect the evidence, following uniform evidence protocols and release the scene for clean up or reoccupation. This information was verified based on interviews with random staff.</p> </div> <div data-bbox="252 2080 1481 2159" data-label="Text"> <p>Subsection 115.221 (b): There are no juveniles that reside at Alpha House so section (b)-1 is NA. The Agency has no ability to dictate to the Billings Police Department evidence protocols,</p> </div>

but are assured that they have trained evidence technicians, who are trained in the most current protocols for evidence collection for sexual assaults.

Subsection 115.221 (c): The Billings Clinic has SANE Nurse Examiners on staff and on call 24/7/365. ALT 22 PREA Policy Page, 6, section H. describes the Examination of Sexual Abuse Victims which are transported to the Billings Clinic 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. A brochure of the SANE Program at the Billings Clinic was available for review. In checking the Billings Clinic website <https://www.billingsclinic.com> this auditor was able to view a 2:08 second video on the SANE Program and it states there is no cost to the victim. Any medical or mental health costs associated with a sexual assault will be covered by the agency and the resident would not bear any cost. In the unlikely event that the Billings Clinic would not have a SANE trained Nurse Examiner available, Alternatives, Inc. would expect the Clinic to provide a qualified Medical Practitioner to perform the exam. Alt 22 PREA (c)-5 Policy (Section (H)(2)(c) requires a report be provided to the Director regarding interactions with the patient, treatment given and medical recommendations provided by the Clinic to staff. If transported to the Billings Clinic for a SANE exam, victim refuses medical or mental health services; this is documented on the Medical Treatment Refusal Form (ALT48). Additional information regarding the exam will be gathered from the Clinic and BPD as appropriate and/or released to Alternatives. The number of forensic medical exams conducted during the past 12 month is zero. The number of exams performed by SANES/SAFEs during the past 12 month is zero. The number of exams performed by a qualified medical practitioner during the past 12 months is zero. The auditor interviewed the SANE nurse by phone on Tuesday, April 30, 2019 to verify information. Interviews were also conducted with the PREA Compliance Coordinator.

Subsection 115.221 (d): The Billings YWCA Gateway program is the agency designated as the Rape Crisis Center for Yellowstone County. Alternatives, Inc. has entered into an MOU which outlines services required under PREA. ALT A22 PREA Policy, page 6. provides for a victim advocate through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals if it is requested by the victim. The MOU between Alternatives, Inc. and YWCA has been updated from 12/02/2015 to 4/10/2019 and is good for 3 years. The Billings Clinic brochure indicates that a SANE Advocate from the YWCA is always there to assist in any way they can. Referrals to Billings YWCA Gateway will be documented in Total Offender Management case notes by the Case Managers. Billings YWCA privacy policies require the individual to sign a release of confidentiality in order to share information regarding the counseling and information provided by the YWCA. The resident is not obligated to sign this release. The phone number for YWCA Billings Gateway is 406-245-4472 or residents can write 909 Wyoming Avenue, Billings, MT 59101 for emotional support from a victim advocate. Alpha House has two Licensed Clinical Professional Counselors on staff that can provide counseling services and victim support if the YWCA Gateway program is unable. Passages facility also has one Licensed Clinical Professional Counselor who can also respond if the two Alpha staff are unavailable. Alpha Mental Health Staff licenses have been reviewed and are current until 12/31/2019. Information verified by interview with PREA Compliance Coordinator.

Subsection 115.221 (e): There are resources for a victim advocate, through YWCA. Alpha House has two Licensed Clinical Professional Counselors on staff that can provide counseling

services and victim support if the YWCA Gateway program is unable. Passages facility also has one Licensed Clinical Professional Counselor who can also respond if the two Alpha staff are unavailable and accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Licenses have been reviewed of current mental health staff are good until December 31, 2019. Information verified by interview with PREA Compliance Coordinator.

Subsection 115.221 (f): The updated MOU with the Billings Police Department was uploaded to this subsection and is dated 4/17/19.

Subsection 115.221 (g) and (h) The audit instrument indicates these are NA for Community Confinement Centers.

Corrective Action: None

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 168 895 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1005 358">Evidence Reviewed (documents, interviews, site reviews):</p> <ol data-bbox="252 369 1082 958" style="list-style-type: none"> 1. Alpha House PAQ 2. Policy <ol style="list-style-type: none"> a. A22 PREA Policy b. A29 Internal PREA Investigator Description & Duties c. A20 Investigation, Description & Duties 3. PREA Memo 1-11-19 to DOC 4. Alpha Memo 1-10-19 (Resident #1 Incident) 5. DOC Incident Reports (2) 6. PREA Follow-up Report dated 3-15 18 (Resident #2 Incident) 7. Alternatives, Inc. Website 8 Billings Police Department MOU 9. Interviews <ol style="list-style-type: none"> a. Agency Head b. Investigative staff <p data-bbox="252 1010 587 1043">Findings (By Subsection):</p> <p data-bbox="252 1097 1474 1601">Subsection 115.222 (a): Alternatives, Inc. work with the Billings Police Department and the Montana Department of Criminal Investigations Bureau to ensure all criminal investigations are completed. Alternatives, Inc. SOP A22, PREA policy, page 8. IV. J. 1-6 outlines investigative protocols of sexual abuse. Alternatives, Inc. SOP A20 Internal PREA Investigator Description & Duties, Page 1 & 2, IV. B. outlines responsibilities of facility PREA investigators. In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was two. One was found to be unsubstantiated and one was found to be unfounded. In the past 12 months, the number of allegations resulting in administrative investigation was zero. In the past 12 months, the number of allegations referred for criminal investigations was zero. The two allegations were completed via Administrative Investigations. No allegations reached the level of criminality. Auditors reviewed Investigative reports and interviewed two agency/facility investigators.</p> <p data-bbox="252 1655 1481 2154">Subsection 115.222 (b): The policy requires staff to refer any allegation that appears to be criminal to the Billings Police Department (BPD), as they have legal jurisdiction over the Alpha facility. Additionally, the Montana Department of Correction's Investigation Bureau has sworn investigators that can be used if the BPD determines to not investigate. SOP A29 Internal PREA Investigator Description and Duties, Page 1 & 2 IV. B. regulates that PREA Investigators are responsible for responding to all allegations of sexual assault and notify the Billings Police Department of the report and findings from the preliminary investigation. ALT A22 PREA Policy and ALT A29 Internal PREA Investigators Description and Duties policy along with the Memorandum of Understanding with BPD are published on the agency webpage. All investigations requiring criminal investigations are documented by an incident report to the Director, Montana Department of Corrections and/or FBOP and the Billings Police Department.</p>

Subsection 115.222 (c): The MOU for the Billings Police Department outlines the PREA requirements.

Subsection 115.222 (d): Auditor is not required to audit this provision.

Subsection 115.222 (e): Auditor is not required to audit this position.

Corrective Action: None

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Annual Training Plan 2019 3. Policies <ol style="list-style-type: none"> a. H17 Sexual Harassment b. H8 Staff Development Standard c. A22 PREA Policy d. H43 Fraternization Policy Standards 4. Forms <ol style="list-style-type: none"> a. PREA Statement of Understanding b. ALT 31 Fraternization Conflict of Interest Statement c. Employees Standard of Conduct 5. Training Courses <ol style="list-style-type: none"> a. CC PREA Refresher #1 PREA Basics-Alpha House b. CC PREA Refresher #2 Effects of Abuse-Alpha House c. CC PREA Refresher #3 Boundaries and Professional Communication-Alpha House d. CC PREA Refresher #4 Resident Privacy-Alpha House e. CC PREA Refresher #5 Ways Residents Can Report-Alpha House f. CC PREA Refresher #6 Resident Support Services-Alpha House g. CC PREA Refresher #7 Helping Residents Who Primarily Speak Another Language- Alpha House h. CC PREA Refresher #8 Reporting Knowledge, Suspicion or Information-Alpha House i. CC PREA Refresher #9 First Responder Duties-Alpha House j. CC PREA Refresher #10 Completing an Incident Report-Alpha House k. CC PREA Refresher #11 Investigations-Alpha House l. CC PREA Refresher #12 Encouraging Residents to Report Sexual Abuse-Alpha House m. CC PREA Refresher: Bonus Monitoring for Safety and Security-Alpha House n. Sexual Harassment Training o. NIC-PREA Training (LGBTI) p. 6 Minute Training <ol style="list-style-type: none"> a. All Staff Risk Assessments Both Victim and Predators b. Client Advisor's Victims Risk Assessment Both Victim and Predators c. Case Managers Risk Assessment Both Victim and Predators d. All Staff PREA Training q. Lesson Plans <ol style="list-style-type: none"> 1. PREA Jeopardy 2. Crime Scene Protection Training 6. Annual Training Plan 2019 7. On Site <ol style="list-style-type: none"> a. Training Files 8. Interviews <ol style="list-style-type: none"> a. Random Staff

Findings (By Subsection):

Subsection 115.231 (a): Per ALT A22 PREA Policy, H1 Sexual Harassment, H8 Staff Development, H43 Fraternization policy, Alternatives, Inc. mandates 40 hours of annual training for all full-time employees and 32 hours for part-time employees. PREA and Sexual Harassment training are mandatory training for all employees with mandatory annual refresher training each year. Alternatives, utilizes the online PREA NIC training system for all new employees and requires all staff to complete "PREA: Your Role in Responding to Sexual Abuse" and "Communicating Effectively and Professionally with LGBTI Offenders." Additionally, all Medical Staff will take "Medical Health Care for Sexual Assault Victims in a Confinement Setting" Case Managers, LAC's, LCPC, Treatment Assistants, Specialized Mental Health Therapists, Recreation Managers, Intake/Assessment Coordinators are required to take "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Site Specific PREA Refreshers Documents created and used at regular staff trainings to update and refresh all staff on PREA requirements. A22 PREA policy mandates that training be provided to all staff. The training curriculum that is used covers the eleven (11) mandated elements in this standard. This subsection of the standard exceeds the standard requirement as PREA training covers very comprehensive and additional subjects than the 11 mandated elements. Also, there is continued on-going 6 minute training provided to staff on a weekly basis which also includes LGBTI resident training. There are two other classes that Alpha House has developed 1) Crime Scene Protection Training which includes 1) Review of PREA Crime Scene Protocol 2) Review of staff responsibilities 3) Review of Reporting Requirements and 4) Increase Staff Confidence in Response to PREA Situations. Alpha House has also developed a training similar to the Jeopardy Game to include categories such as; 1) Cross-Gender Pat Searches and Viewing 2) Residents w/disabilities and Limited English 3) Potpourri 4) Screening Risk of Victimization & Abusiveness and 5) Staff First Responder Duties. This information is also based from interviews of staff. Due to the extra training Alpha House exceeds this standard.

Subsection 115.231 (b): The Annual Training Plan requires staff in March to take training classes in Prevention, Identification, and Handling of Sexual Abuse; Sexual Assault/Abuse Incidents; PREA; Communicating Effectively and Professionally with LGBTI offenders and Cross Gender Pat Downs. The Annual Training Plan requires staff training in June to include classes on Social and Cultural Lifestyles of the Offender Population, Interpersonal Relationships and Communication Skills to. Based on interviews, all staff who are reassigned will receive job specific training about the population they will be working with.

Subsection 115.231 (c): The number of employees who have been trained at Alpha House is 91 who were trained or retrained on the PREA requirements. There is PREA training that covers: PREA-All Staff Risk Assessment Both Victims & Predator; PREA Client Advisor's Risk Assessment for Both Victims and Predator; Offender PREA Training Case Management; PREA-Case Manager-Risk Assessment for Both Victims & Predator and PREA Training for all staff. This information was verified by staff interviews. This subsection exceeds the standard requirements of refresher training every two years as Alternatives, Inc. mandates 40 hours of annual training. Alternatives also exceeds this standard as they provide 6 minute weekly training opportunities covering PREA policies and requirements which are done weekly throughout the agency during staff meetings.

Subsection 115.231 (d): As part of the Employee Orientation process, the employee attends a week long orientation session covering PREA, Sexual Harassment and agency required training. The staff person signs form ALT86 Staff Orientation: Statement of Understanding; ALT 31 Fraternization and Conflict of Interest Statement and ALT 144 Employee Standards to document and acknowledge they understand.

Corrective Action: None

115.232	Volunteer and contractor training
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ul style="list-style-type: none"> <li data-bbox="252 416 520 450">1. Alpha House PAQ <li data-bbox="252 461 587 495">2. Alternatives, Inc. Policy <ul style="list-style-type: none"> <li data-bbox="252 506 507 539">a. A22 PREA Policy <li data-bbox="252 551 603 584">b. H17 Sexual Harassment <li data-bbox="252 595 624 629">c. H2 Volunteer/Intern Policy <li data-bbox="252 640 663 674">3. Volunteer Orientation Packet <ul style="list-style-type: none"> <li data-bbox="252 685 608 719">a. A32 Fraternization Policy <li data-bbox="252 730 746 763">c. ALT 44 Standards of Conduct Form <li data-bbox="252 775 916 808">d. ALT 86 Form PREA Statement of Understanding <li data-bbox="252 819 676 853">e. ALT 101 Orientation Checklist <li data-bbox="252 864 507 898">4. Site observations <p data-bbox="252 909 608 943">Volunteer Training Records</p> <ul style="list-style-type: none"> <li data-bbox="252 954 416 987">5. Interviews <ul style="list-style-type: none"> <li data-bbox="252 999 411 1032">a. Volunteer <li data-bbox="252 1043 424 1077">b. Contractor <li data-bbox="252 1088 762 1122">c. Administrative Human Resources (2) <p data-bbox="252 1155 587 1189">Findings (By Subsection):</p> <p data-bbox="252 1245 1477 1648">Subsection 115.232 (a): Alternatives, Inc. requires the volunteer or contractor to meet with the PREA Coordinator or Agency Trainer to review the Orientation Packet. Annually in April (April 23, 2019) an Annual Volunteer Training is held for all current or new volunteers. A Volunteer Orientation Packet includes a Fraternization Policy (ALT 31), Standards of Conduct (ALT 44) and a PREA statement of Understanding (ALT 86) and A22 PREA Policy. Also a Sexual Harassment Acknowledgement (AT2) and ALT H17 Sexual Harassment policy is provided. There were 130 volunteers and 1 contractor who were trained. Volunteers are only entered onto the spread sheet by the PREA Coordinator following completion of the Orientation Process and the criminal background check being received. A copy of the spreadsheet was reviewed.</p> <p data-bbox="252 1704 1461 2119">Subsection 115.232 (b): Volunteers, Interns and Contractors training is done either in individual or group settings. All are provided with a copy of the Alternatives, Inc. PREA Policy (ALT-A22) All volunteers, interns and contractors are provided with a copy of ALT-A22 PREA and are required to read and sign off they understand their obligations under PREA. Training reiterates and reinforces the Zero-Tolerance policy and informs them of their reporting responsibilities. There is a medical doctor who is a contract worker who provides services at Alpha House. This standard exceeds as Alternatives, Inc. not only provides training to their volunteers and contract workers who work with residents but also to Billings Vending service who provides on-site services to the vending machines at Alpha House who was also interviewed as a contractor.</p>

Subsection 115.232 (c): Alternatives, Inc. ALT H2 Volunteer/Intern Policy/Procedure. Volunteers and contractors are provided orientation either in a group or individually. Documentation of the Training is maintained by the PREA Coordinator. ALT 101 Orientation Checklist is signed by the volunteer/intern/contractor and HR representative and/or Trainer as verified in files and verified in interviews.

Corrective Action: None

115.233	Resident education
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 1437 1178" style="list-style-type: none"> 1. Alpha House PAQ 2. ALT A22 PREA Policy 3. K24A Resident Handbook 4. ALT 520 PREA Orientation Packet 5. PREA Offender Training Videos 6. Sample of PREA Statement of Understanding 7. PREA Posters <ol style="list-style-type: none"> a. 3rd Party Reporting b. Right to Report c. Zero Tolerance 8. Site <ol style="list-style-type: none"> a. Language Line Interpreter Service b. Resident Files 9. Interviews <ol style="list-style-type: none"> a. Staff Translators b. Random Residents c. Intake Staff 10. Tour of housing areas and program areas of facility specifically observing placement of PREA information (e.g. posters, brochures, audit notices, etc.) <p data-bbox="252 1223 587 1256">Findings (By Subsection):</p> <p data-bbox="252 1312 1469 1693">Subsection 115.233 (a): Residents receive an initial orientation, watch the PREA Video from the American University Washington College of Law, sign the PREA Statement of Understanding from their PREA Packet which includes information on their right to be free from sexual abuse and sexual harassment and how to report and also their Resident Handbook. ALT A22 PREA Policy provides information on Zero Tolerance, how to report and right to be free from retaliation. All residents receive A520 PREA Packet. The number of residents admitted during past 12 months who were given this information at intake were 592. All residents are provided an orientation to Alpha House regardless of referral source. This information was verified by interviews with intake staff, staff translators and random residents.</p> <p data-bbox="252 1738 1469 2074">Subsection 115.233 (b): All residents who transfer from a different community confinement facility will participate in PREA Orientation and receive a A520 PREA Packet. A22 PREA policy outlines orientation pages 4-5, section C., Offender Orientation, D., Offender Reporting, E. Prevention, and F. Intervention. The number of residents transferred from a different community confinement facility during the past 12 months is 318. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information is 318. This information was verified by interview with intake staff and random residents.</p> <p data-bbox="252 2119 1406 2152">Subsection 115.233 (c): Staff will meet one-on-one with residents who are limited English</p>

Proficient or use staff members who are proficient in the resident's native language, or utilize the Language Line Personal Interpreter or provide a copy of the document(s) translated into their native language using the Babylon Translation program. There are four staff translators who can translate PREA information; two for Spanish, one Japanese and one mandarin. PREA staff translators are available for residents. Resident videos are available in Spanish, with Spanish Subtitles and in English with English Subtitles. The PREA video is on the PREA Resource website and is available to residents to download in Spanish which staff members can assist. There is also a Language Line Personal Interpreter to assist residents. This information was verified by interview of intake staff.

Subsection 115.233 (d): The last page of the A 520 PREA Orientation Packet is the statement of understanding that all residents sign after completing the orientation session. The document is collected by staff and given to administrative support staff to upload in the Total Offender Management (TOM) system and maintained with each resident's documentation. Copies of three resident's Statement of Understanding uploaded and reviewed. There were three samples of residents signing a PREA Statement of Understanding reviewed in this subsection.

Subsection 115.233 (e): Resident Handbooks, Orientation packets are provided to all residents, and PREA Informational Posters are posted in all housing units, hallways and common areas. Review of A520 PREA Packet, K24A Resident Handbook, 3rd party Reporting poster, Right to Report Poster and Zero Tolerance posters were reviewed.

Corrective Action: None

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. A29 PREA Internal Investigation Description and Duties 3. NIC Training Certificates-PREA Investigating Sexual Abuse in a Confinement Setting 4. Personnel Records for Investigative Staff (showing training records) 5. Interviews <ol style="list-style-type: none"> a. Investigative Staff <p>Findings (By Subsection):</p> <p>Subsection 115.234 (a): Staff PREA Investigators will initiate an initial investigation into all alleged PREA Incidents and will complete investigations for administrative findings. If the initial investigation appears to have criminal basis, the Billings Police Department will be called and the investigation turned over to them. A29 Internal PREA Investigator Description and Duties outlines the facility Investigator's responsibilities. This was verified by investigator interviews.</p> <p>Subsection 115.234 (b): The NIC Training does include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Subsection 115.234 (c): There are two certificates for investigators of training from NIC PREA: Investigating Sexual Abuse in a Confinement Setting. The PREA Compliance Coordinator also took the PREA Resource Webinar on Criminal and Administrative Investigations in December 2018. According to an email received on April 24, 2018 from the PREA Coordinator, the Montana Department of Corrections just recently completed a training of DOC staff on PREA Investigation procedures, and according to DOC PREA Coordinator, this training will be made available to the contracted agency staff in the future. The two investigators from Alternatives, Inc. will participate in this training when offered. Interviews with both investigators demonstrated a good comprehension of the requirements of conducting administrative investigations and the requirements necessary to support a criminal investigation by the Billings Police Department.</p> <p>Corrective Action: None</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies 3. ALT A22 PREA Policy (Showing all staff, Volunteers/Contractors are required to take PREA Training) 3. Medical and Mental Health Care PREA Training Certificates 4. Annual Training Plan 5. Interviews <ol style="list-style-type: none"> a. Medical and Mental Health Staff <p>Findings (By Subsection):</p> <p>Subsection 11.235 (a): Per ALT A22 PREA policy, all medical and mental health staff receives training on PREA Requirements. There are 4 medical and mental health care staff and all 4 medical and mental health staff received PREA: Behavioral Health Care for Sexual Assault Victims in a confinement setting for a 100 percent of staff receiving training. This standard was verified by interviews with Medical and Mental Health staff.</p> <p>Subsection 115.235 (b): Alpha House medical staff does not conduct forensic medical exams. Forensic exams are conducted by a SANE nurse at the Billings Clinic. This standard was verified by interviews with Medical and Mental Health staff.</p> <p>Subsection 115.235 (c): Staff have received training and documentation of training certificates have been reviewed.</p> <p>Subsection 115.235 (d): Medical contract staff do receive training mandated for all employees or contractors/volunteers.</p> <p>Corrective Action: None</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 1150 999" style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ul style="list-style-type: none"> L56 A Case Management and Orientation 3. ALT 217 PREA Risk Assessment Form 4. Sexual Predator/Victim Vulnerability PREA Screening checklist 5. Policies <ul style="list-style-type: none"> a. Case Management Intake Orientation Policy 6. Site Review <ul style="list-style-type: none"> a. Random Resident Files b. Total Offender Management (TOM) -Resident Data Base Program 7. Interviews <ul style="list-style-type: none"> a. Random Residents b. Staff Responsible for Risk Screening c. PREA Coordinator d. PREA Compliance Manager <p data-bbox="252 1055 587 1088">Findings (By Subsection):</p> <p data-bbox="252 1144 1453 1391">Subsection 115.241 (a): All incoming residents who arrive from another facility are screened within 72 hours and again within 30 days of their arrival date using the ALT 217 PREA Risk Assessment form. Sexual Predator/Victim Vulnerability PREA screening checklist per L56A Case Management Intake and Orientation policy mandates the risk assessment screening process. Verified by interview of random residents and case managers who perform risk screening.</p> <p data-bbox="252 1447 1477 1771">Subsection 115.241 (b): Subsection115.241 (b): All incoming residents who arrive from another facility are screened with 72 hours. (Usually the same day/within 24 hours). The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 592. Review of three examples of 72 hour Initial Risk Assessment and their facility arrival date were reviewed and were in compliance with this standard. Verified by review of random residents and case managers who perform risk screening.</p> <p data-bbox="252 1827 1437 1939">Subsection 115.241 (c): The PREA Risk Assessment instrument provides for an objective screening of residents in ALT 217 PREA Risk Assessment form. Verified by case managers who perform risk screening.</p> <p data-bbox="252 1995 1469 2119">Subsection 115.241 (d): In reviewing the PREA: Risk Assessment Sexual Predator/Vulnerability PREA Screening Checklist it does contain all 9 of the enumerated items in this subsection. Verified by case managers who perform risk screening.</p>

Subsection 115.241(e): The intake screening form does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Interviews with Intake staff were conducted to ascertain through conversations of the intake process as well as court records, case files, medical or mental health information or any other relevant information in the resident's file. Verified by case managers who perform risk screening.

Subsection 115.241 (f): All residents are reassessed for PREA Risk of victimization or abusiveness within 30 days of their arrival. TOM system will send a task reminder to the case manager at the 25th day to remind the case manager of the need to complete the 30-Day follow-up, if not already completed. L56A Case Management Intake and Orientation policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Review of ALT 217 PREA Risk assessment form was conducted. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 592. Auditor reviewed three examples of Alpha House residents who received initial PREA Risk Assessments. Verified by interviews of random residents. Verified by case managers who perform risk screening.

Subsection 115.241 (g): Case Managers will complete an additional Risk Assessment when any additional information is disclosed by the resident, or becomes available to staff/agency or following an allegation of sexual assault/harassment which is ALT 217 PREA Risk Assessment form authorized by L56A Case Management Intake and Orientation policy. There was an example of one resident risk assessment conducted on 2-5-2019 as a new arrival, 3-7-2019 for a 30 day review and again as additional information was received on 3-29-2019. Verified by interviews of random residents. Verified by interviews of case managers who perform risk screening.

Subsectionv115.241 (h): Case Managers are trained that questions 1, 4, 7, and 11 on the risk assessment form of questions that should the resident not respond, that they are not to press the resident to answer or otherwise discipline them. The Assessment Form (ALT217) indicates with an * and an explanation that residents may not be disciplined for not answering these 4 questions. This information is indicated on the form ALT271 PREA Risk Assessment and instructions in the policy L56A Case Management Intake and Orientation that residents will not be disciplined for not answering these 4 questions. Verified by interviews of case managers who perform risk screening.

Subsection 115. 241 (i) Review of the TOM – Resident Data Base Program supported the protection in dissemination of information gathered from these questions. The system has a thorough matrix to identify who gets to see the full information based on a need to know. The interviews with the PREA Coordinator and staff responsible for risk screening further confirmed this matrix and the compliance with this standard.

Corrective Action: None

115.242	Use of screening information
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 874 573" style="list-style-type: none"> 1. Alpha House PAQ 2. Policies L56A Case Management Intake and Orientation 3. PREA Risk Assessment Form 4. Site <p data-bbox="252 584 1023 618">Review of the Total Offender Management (TOM) Program</p> <ol data-bbox="252 629 751 752" style="list-style-type: none"> 5. Interview <ol style="list-style-type: none"> a. PREA Coordinator b. Staff responsible for Risk Screening <p data-bbox="252 797 587 831">Findings (By Subsection):</p> <p data-bbox="252 887 1449 1223">Subsection 115.242 (a): Per L56 A Case Management Intake and Orientation If the resident assesses as a Potential Victim, Known Victim, Potential Predator, or Known Predator, this is noted in the Total Offender Management (TOM) under Client Management/Additional Information/PREA tab. This will generate an email to the Operations Supervisor, Program Supervisor, and Director to assist with housing, bed, work, education and program assignments. The auditors were able to review the TOM system and reviewed several resident files to include 2 BOP residents, 2 state residents and 4 files selected randomly. Information was also based on interviews with Case Managers and the PREA Coordinator.</p> <p data-bbox="252 1267 1477 1648">Subsection 115.242 (b): This is covered when the Case Manager enters the result of the PREA Risk Assessment the Total Offender Management system. The system will send an email to Operations Supervisor, Program Supervisor and Director, identifying their status. If the staff making room assignments needs additional guidance regarding rooming, the will email or contact the Operations Supervisor, Program Supervisor or Director to get final guidance on rooming assignments. The Total Offender Management program also provides a notification of PREA Risk Status on the rooming change function screen to alert the staff of the need to review all roommate statuses prior to making a room change. Information was also based on interviews with the case managers.</p> <p data-bbox="252 1693 1481 1939">Subsection 115.242 (c): When a resident who identifies as transgender, intersex or gender non-conforming is identified, the housing decision will be staffed by the PREA Coordinator, CAC, Operations Supervisor and Director to determine the safest housing and work assignments. This is outlined in policy L56A Case Management Intake and Orientation, page 2 A. and A22 PREA policy on page 5, IV. E. 2. There are currently no transgender or intersex residents at Alpha House.</p> <p data-bbox="252 1995 1453 2152">Subsection 115.242 (d): Per L56A According to the PAQ, when a resident who identifies as transgender, intersex or gender non-conforming are identified, the housing decision will be staffed by the PREA Coordinator, CAC, Operations Supervisor and Director to determine the safest housing and work assignments. There were no transgender, intersex or gender non-</p>

confirming residents at Alpha House. Information was also based on interviews with the PREA Coordinator.

Subsection 115.242 (e): Alpha House has had no residents in the past 12 months at risk of sexual victimization who were placed in isolation. If there is a transgender or intersex resident placed at Alpha House, there is a private restroom that the resident would be provided with a personal key. Information was also based on interviews with the case managers.

Subsection 115.242 (f): There were no gay, bisexual, transgender, or intersex residents placed in a dedicated unit or floor solely on the basis of such identification at Alpha House. This was verified by the on-site tour and through interviews of staff responsible for risk screening.

Corrective Action: None

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA Policy 3. A520 PREA Packet 4. K24 Resident Handbook 5. On site review of housing areas and program areas of facility, specifically reviewing PREA information visible and PREA box locations. 6. Grievance Form 7. Interviews: <ol style="list-style-type: none"> a. Random Residents b. Ransom Staff c. PREA Compliance Manager d. Residents who reported a Sexual Abuse e. Great Falls Transition Center f. YWCA Gateway (Rape Crisis Center) <p>Findings (By Subsection):</p> <p>Subsection 115.251 (a): Residents can report to any staff, volunteer, intern, contractor, medical or mental health staff, or use the formal grievance process, place a note in the locked PREA box, use a medical kite, call the Great Falls Transition Center at 406-727-0944, or write 1019 15th Street North, Great Falls MT 59401 or call the YWCA Billings Gateway at 405-245-4472 or write 909 Wyoming Avenue, Billings, MT 59101. Residents may also report to third parties, including fellow residents, staff members, family members, attorneys and outside advocates. ALT A22 PREA Policy, page 4 & 5 outlines Offender Reporting for residents in regards to PREA. A520 PREA Packet also provides information to Residents on YWCA Billings Gateway Rape Crisis Center. K24A Resident Handbook, page 6 & 7 contains information for reporting in the following way: report this immediately to any staff member so that you can be protected and offered support and services at no cost to you. You can report to any staff member verbally or in writing. You can also place a report in the PREA box located near the resident mailboxes. If you do not feel comfortable reporting to a staff member there are other ways to report sexual abuse (see below). All reports will be taken seriously and will be fully investigated, report to YWCA or third party members. A test phone call to YWCA was done on the first day of the tour to ensure the phone connections were working properly. This information was verified on interviews with staff and residents.</p> <p>Subsection 115.251 (b): Per A22 PREA Policy, page 4, Section IV D. Offender Reporting, residents may call another facility which is Great Falls Transition Center by calling 406-727-0944 24/7 or write 1019 15th St. North, Great Falls, MT 59401 or call the YWCA Billings Gateway (Rape Crisis Center) at 405-245-4472 or write 909 Wyoming Avenue, Billings, MT 59101 to report sexual abuse or sexual harassment. A520 PREA Packet also includes</p>

information that residents may call or write the YWCA Billings Gateway. There is a current MOU between Alternatives, Inc., and Great Falls Pre Release Services, Inc. which is effective March 16, 2019 for three years. A test phone call was made to Great Falls Transition on the first day of the tour to ensure staff would answer the call and respond appropriately. This information was verified with the PREA Compliance Manager and PREA Compliance Coordinator and interviews with residents.

Subsection 115.251 (c): Staff must report all reports of abuse directly to a PREA Investigator or to the CEO who will notify local law enforcement per A22 PREA Policy.

Subsection 115.251 (d): Per A22 PREA policy staff can request to talk to their supervisor or the In-Charge Client Advisor, the PREA Coordinator, the Contract Assurance Coordinator (CAC), the Director or the CEO in private to discuss the report they received. Staff are routinely reminded to not discuss resident related or security related topics in areas where residents may be able to hear the conversations. PREA Refresher #8 Reporting Knowledge also includes the submitting of an anonymous incident report. All staff are provided with a week-long orientation and training. The Employee Handbook, Sexual Harassment and PREA Policies are provided to all employees and are required to read and sign off acknowledgment of understanding, including how to report and the option to privately report. Additionally, annual refresher training reinforces this process. This was verified by staff interviews.

Corrective Action: None

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <p>L18S Resident Client Grievance Policy and Procedure</p> <p>ALT A22 PREA Policy</p> 3. A520 PREA packet 4. K24 Resident Handbook 5. ALT 92 PREA Grievance Refusal Form <p>Subsection 115.252 (a): L18S Resident Client Grievance Policy and Procedure outlines the grievance process on page 5 outlines the Emergency Grievance protocol. The Grievance policy was updated on April 18, 2019 and the policy was uploaded to this subsection. Residents may use the Grievance process for reporting an alleged sexual abuse at any time, as well as use other reporting methods.</p> <p>Subsection 115.252 (b): Reporting resident may use the grievance process for reporting an alleged sexual abuse at any time, as well as other reporting methods. L18S Resident Client Grievance Policy, page 5 Emergency Grievance section informs residents are not required to go through the resident/client grievance program to report an emergency grievance, but may report the grievance verbally or in writing to any staff member or use the locked box for grievances located near the mail boxes or in the Alpha lobby. Any resident/client alleging an emergency grievance may obtain assistance from any staff member to ensure the grievance is delivered. Emergency grievances require an initial response within forty-eight (48) hours and a final decision to be made within five (5) days. Per L18S Reporting of incidents of sexual abuse are not handled through an informal grievance process. All grievances file with an alleged incident of sexual abuse is reviewed by the grievance coordinator and automatically sent to the facility director. A520 PREA Packet indicates residents may utilize the formal grievance procedure to report sexual abuse in accordance with the facility procedure found in the resident handbook; however, residents are not required to use the formal grievance process to report allegations of sexual abuse. Staff receiving such grievances will process them as a high priority and will immediately notify the facility Director. The Director will then notify the Assistant Director/CAC or the PREA Coordinator to begin the necessary investigative process.</p> <p>Subsection 115.252 (c): Residents are instructed that submitting a grievance or a report of sexual abuse/harassment does not have to report to the staff member who is the subject of the complaint. They can contact any other staff or place the report in the locked grievance box. A22 PREA Policy section Page 4, 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. K24 Resident Handbook discusses the grievance procedures and allows for residents to file a grievance without submitting it to the staff member who may be the subject of the</p>

complaint. It also clarifies the Grievance Committee shall be appointed by the Screening Disciplinary Coordinator (SDC) and shall consist of staff member not involved in the grievance.

Subsection 115.252 (d): L18S Resident Client Grievance Policy, page 4 mandates a decision of merit must be made in 90 days. In the past 12 months, the number of grievances filed that alleged sexual abuse is zero. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed is zero. In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days is zero. L18S Resident Client Grievance Policy, page 4. H. mandates if an extension is claimed by Alternatives, Inc. the extension can only last 70 additional days. The number of grievances that took longer than a 70-day extension period to resolve was zero. L18S Resident Client Grievance Policy page 4 H. requires resident to be notified in writing when he agency files for extension and be provided a date in which a decision will be made.

Subsection 115.252 (e): A22 PREA policy, page 4-5 D. 1. and section f provides for any third party may assist the resident, including those not physically on-site to report allegation of sexual abuse/harassment. Per ALT 92 PREA Grievance Refusal the agency would document the resident's refusal to allow a third party to assist with filing a grievance by signing the ALT92 Grievance Refusal Form. ALT A22 PREA Policy page IV D. 2. indicates 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 filling a grievance alleging sexual abuse, the agency will document the resident's decision (ALT92). The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline is zero.

Subsection 115.252 (f): L18S Resident Client Grievance policy and procedure page 5. A. second bullet point and outlines the emergency grievance. An emergency grievance request which will be forwarded to the Director as soon as possible for action. L18S page 5 first sentence requires the Director to respond within 48 hours of notification. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months is zero. The number of those grievances in 115.252 (e)–3 that had an initial response within 48 hours is zero. L18S Policy proscribes that a final decision is due within 5 days. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days is zero.

Subsection 115.252 (g): L18S Resident Client Grievance Policy and Procedure, page 5 N. e. indicates facility will not discipline a resident for filing grievance alleging sexual abuse unless the facility can demonstrate that the grievance was filed in bad faith as an attempt to get another resident or staff in trouble. A22 PREA policy page 5 IV. D. 5. indicates substantiated deliberately malicious or false reports by offenders or other parties will result in disciplinary action or criminal charges. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.

Corrective Action: None

115.253	Resident access to outside confidential support services
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 991 358">Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li data-bbox="252 409 520 443">1. Alpha House PAQ <li data-bbox="252 454 384 488">2. Policies <ol style="list-style-type: none"> <li data-bbox="252 499 504 533">a. A22 PREA policy <li data-bbox="252 544 603 577">b. K24 Resident Handbook <li data-bbox="252 589 845 622">3. YWCA Gateway (Rape Crisis Center) MOU <li data-bbox="252 633 1058 667">4. Site Review (Posters on Victim Assistance-YWCA Gateway) <li data-bbox="252 678 507 712">5. a. MCA 52-3-811 <li data-bbox="252 723 475 757">b. MCA 41-3-201 <li data-bbox="252 768 416 801">6. Interviews <ol style="list-style-type: none"> <li data-bbox="252 813 536 846">a. Random Residents <li data-bbox="252 857 464 891">b. Random Staff <li data-bbox="252 902 858 936">c. Facility Director/PREA Compliance Manager <p data-bbox="252 969 587 1003">Findings (By Subsection):</p> <p data-bbox="252 1059 1477 1563">Subsection 115.253 (a): Per A22 PREA policy the Agency has an MOU with the Billings YWCA Gateway to provide victim advocates for emotional support. The A520 PREA Packet and K24 Resident Handbook contains information for phone and addresses for residents to call YWCA Gateway (Rape Crisis Center). There is a poster with contact information to YWCA Gateway and the Zero Tolerance poster also has victim assistance information to YWCA Gateway which contains phone numbers and address. Most all Alpha House residents are allowed to possess cell phones and can make calls in their rooms, while in the courtyard, on scheduled walks, while on pass, while to and from work, at their work or pass locations, etc. Alpha House has authorized use of cell phones authorized by K24 Resident Handbook page 10. Facility phones are located in the mailbox hallway and in the TV/Day rooms and/or laundry rooms for residents to use. Staff do not monitor these calls nor are they recorded. This information was also based on interviews with random sample of residents.</p> <p data-bbox="252 1619 1485 1865">Subsection 115.253 (b): Most all Alpha House residents are allowed to possess cell phones and can make calls in their rooms, while in the courtyard, on scheduled walks, while on pass, while to and from work, at their work or pass locations, etc. Alpha House has authorized use of cell phones authorized by K24 Resident Handbook page 10. Facility phones are located in the mailbox hallway and in the TV/Day rooms and/or laundry rooms for residents to use. Staff do not monitor these calls nor are they recorded.</p> <p data-bbox="252 1877 1469 2123">PER A22 PREA policy page 7, 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 Montana Annotated Code MCA 52-3-811. This information was also based on interviews with random sample of residents.</p>

Subsection 115.253 (C): Alternatives, Inc. has a Memorandum of Understanding between YWCA Gateway (Rape Crisis Center) and Alternatives, Inc. The MOU was dated 4/17/19 and is good for 3 years.

Corrective Action: None

115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2 Policies <ul style="list-style-type: none"> A22 PREA Policy 3. Alternatives, Inc. website 4. Memorandum of Understanding Great Transition Center 5. Site Review (PREA Posters) 6. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Subsection):</p> <p>Subsection 115.254 (a): Under the Memorandum of Understanding dated 3/26/19, a third party can contact the Great Falls Transition Center who in return would then notify the PREA Coordinator; Posters and Handbooks contain information the resident can provide to any 3rd party to report to the Great Falls Transition Center, the PREA Coordinator, the Director, the CEO or any staff member. The agencies website PREA Tab also has links to the information and to the PREA Coordinator and PREA Managers of each facility. ALT A22 PREA policy outlines 3rd party reporting page 4, indicates Residents/Offenders may call the Great Falls Transition Center at 406-727-0944 24/7 or write 1019 15th St. North, Great Falls, MT 59401 to report sexual abuse or sexual harassment. A520 PREA Packet and K24A Resident Handbook include information on 3rd party reporting. PREA Posters provide information on 3rd party reporting. The auditors did a test call to the Great Falls Transition Center to verify this standard.</p> <p>Corrective Action: None</p>

115.261	Staff and agency reporting duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 979 360">Evidence Reviewed (documents, interviews, site review)</p> <ol data-bbox="252 412 778 916" style="list-style-type: none"> 1. Alpha House PAQ 2 Policies <ul style="list-style-type: none"> ALT A22 PREA Policy ALT H17 Sexual Harassment Policy 3. Sexual Response Reporting flowchart 4. ALT 29 Statement of Confidentiality 5. Interviews <ol style="list-style-type: none"> a. Random Staff b. Medical and Mental Health Staff c. Facility Director d. PREA Coordinator e. Agency Head <p data-bbox="252 967 587 1001">Findings (By Subsection):</p> <p data-bbox="252 1052 1481 1556">Subsection 115.261 (a): All staff are required to report according to the ALT A22 PREA policy, page 7. IV. I. 7 requires staff who have any knowledge, suspicion or information they receive to report (sexual abuse, staff neglect or retaliation). immediately. ALT A22 PREA policy, page 7 IV. I. 7 requires staff reports of Resident on Resident or resident on staff retaliation is reported to the employees immediate supervisor and the to the PREA investigators. Staff reporting on staff retaliation against another staff person or resident is reported immediately to the agency director. Review of the Sexual Response Reporting flowchart which is an attachment to A22 PREA policy also requires staff to make notifications to Assistant Director and/or Director. SH17 Sexual Harassment IV. page 3 employee responsibility must notify their supervisor immediately of any sexual harassment. ALT H17 Sexual Harassment policy, page 2, section 3. a. "staff are to report immediately any sexual harassment up the chain of command. This information was also verified on interviews with random staff. "</p> <p data-bbox="252 1608 1481 1944">Subsection 115.261 (b): All staff review and sign ALT29 Statement of Confidentiality at the time of employment. The Employee Handbook has a complete section on confidentiality requirements and the PREA Policy reiterates the need for confidentiality when dealing with reports of sexual abuse and sexual harassment. ALT A22 PREA Policy page 9, section L. includes confidentiality under staff training. The Employee Handbook references confidentiality during the course of employment. Protecting this information by safeguarding it when in use, filing it properly when not in use, and discussing it only with those who have a legitimate reason to know. This information was also verified on interviews with random staff.</p> <p data-bbox="252 1995 1436 2119">Subsection 115.261 (c): Interviews with Medical and Mental health staff confirm they are required to report sexual abuse and to inform residents of their duty to report sexual abuse and the limits to confidentiality.</p>

Subsection 115.261 (d): This subsection is NA as there are no residents under the age of 18 at Alpha House.

Subsection 115.261 (e): ALT H17 Sexual Harassment policy, page 2, section 3. a. "staff are to report immediately any sexual harassment up the chain of command." This information was also verified with interviews with the facility director.

Corrective Action: None

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review)</p> <p>1. Alpha House PAQ</p> <p>Findings (By Subsection):</p> <p>Subsection 115.262 (a): If staff becomes aware of a resident in substantial risk of imminent sexual abuse, they will notify the In-Charge Client Advisor, who will notify the on-Call staff and also Mental Health and Medical on-Call if after hours. Staff will move the resident to the CA office (using the Nurses Office or multi-purpose room) or use a staff office to begin to assess the needs of the resident. Additional staff will be called in to assist the resident as necessary. Per A29 Policy Internal PREA Investigator job description and duties page 2, section IV B. bullet point 1, informs staff to protect alleged victim or staff against retaliation. Track monitoring on the PREA Retaliation Monitoring Sheet for at least 90 days (ALT220). Monitoring can be done by the PREA investigator or the PREA investigator can assign it to the resident's case manager. A22 PREA Policy requires staff to be alert to signs of potential situations in which sexual harassment and sexual abuse might occur as well as a risk assessment within 72 hours of intake to assess each resident. This policy also addresses staff take immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse were zero. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action was zero. This information was based on interviews with the Agency Head, Facility Director and random sample of staff.</p> <p>Corrective Action: None</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA Policy 3. Site observations: (Investigation Records) 4. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Director <p>Findings (by subsection):</p> <p>Subsection 115.263 (a): Per A22 PREA policy staff are aware when a resident discloses sexual abuse or harassment event from a previous facility; they are to gather as much information as the resident is willing to disclose. Staff will notify the PREA Coordinator and/or PREA Investigators immediately. The PREA Coordinator or Investigator will gather as much additional information, if available and prepare a report to the Director of the Program. The Director will contact the head of the facility in question to report the incident and provide the documentation collected, within 72 hours of the initial report. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was one during the past 12 months and one during the audit week. On the first incident, the PREA Coordinator contacted the MTDOC's PREA Coordinator and provided all of the documentation to them regarding this resident's disclosure. As this resident was a Sex Offender, Alpha House and the Case Manager contacted his Sex Offender Treatment provider at South Central Treatment Associates, to inform them of this disclosure. On the second incident, the contact with the other agency was conducted in person by the Alpha House Director and a written documentation of the information was reviewed.</p> <p>Subsection 115.263 (b): Per A22 PREA page 5 IV. D. (1) g. and (2); policy staff will respond to reports of sexual abuse immediately and will report no later than 72 hours. Interviews with agency head and facility director indicate they are knowledgeable about the requirements of the section and they would adhere to this mandatory timeframe.</p> <p>Subsection 115.263 (c): Per A22 PREA Policy staff are required to file written reports. Reporting documentation was reviewed and notifications were made in a timely manner. Per interviews with Agency Head and Facility Director they are aware and knowledgeable about the requirements of this subsection.</p> <p>Subsection 115.263 (d): PER A29 Internal PREA Investigator Description and Duties and A22 PREA policy, the PREA Coordinator or PREA Investigators will investigate any allegations received from another facility. Interviews with the agency head and the facility director indicate they are knowledgeable about the requirements of this section and they would comply with this requirements should they receive any allegations. This information was also based on an</p>

	interviews conducted with the facility director and agency head.
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	Corrective Action: None
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA Policy b. K2A First Responder Policy c. F9A Medical and Dental Policies 3. Site observations: First responder Cards 4. Interviews <ol style="list-style-type: none"> a. Random Staff b. Security and non-security staff first responders c. Residents who reported a sexual abuse <p>Findings (by subsection):</p> <p>Subsection 115.264 (a): Policy provides for first responder duties specifically for Security Staff and Non Security Staff. All staff have a Quick Reference First Responder Cards that they wear on their lanyards with their company IDs. ALT A22 PREA policy, page 5 & 6 F. provides information on first responder duties in regards to a sexual assault. Staff are to separate the victim from the alleged assailant, call for back-up and follow appropriate security procedures. Interviews of staff will be conducted regarding first responder duties including protect and preserve the crime scene and any collection of physical evidence. Per policy the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, the number of allegations that a resident was sexually abused were zero. This information was based on interviews from security staff first responders.</p> <p>Subsection 115.264 (b): Non-Security Staff will request that the victim does not take any action to destroy any evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. This information was based on interviews from non-security staff first responders.</p> <p>Corrective Action: None</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. A22 PREA policy b. K32A First Responder 3. ALT 219 Sexual Assault Response Checklist <p>Findings (by subsection):</p> <p>Subsection 115.265 (a): Per A22 PREA policy page 5 & 6. Intervention section, Security staff will escort victims and perpetrators separately to Medical and also notify Mental Health staff to meet with them separately. Staff through protocol will coordinate a PREA investigator or the In-Charge person to initiate the Sexual Assault Response checklist (ALT219) to ensure proper protocol is implemented and appropriate departments are notified. There are Security staff First Responder Cards to help assist with their contacting a SANE person at the Billings Clinic.</p> <p>Corrective Action: None</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Interviews: <ol style="list-style-type: none"> a. Agency Head <p>Findings (by subsection):</p> <p>Subsection 115.266 (a): This standard is non-applicable. Alternatives, Inc. does not have any collective bargaining agreements.</p> <p>Corrective Action: None</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. A29 Internal Investigator Description and Duties b. A22 PREA policy c. L19S Weekly Contract Review and Individual One-on-Ones d. L7A Case Notes and Monthly Progress Reports 3. ALT 220 PREA Retaliation and Monitoring Sheet 4. Site: Monitoring logs 5. PDF-Case Notes 6. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Designated staff member charged with Monitoring Retaliation c. Case Managers d. Residents who reported sexual abuse e. Facility Director <p>Findings (by subsection):</p> <p>Subsection 115.267 (a): Per A29 Internal Investigator Description and Duties residents and staff includes information about tracking PREA Retaliation Monitoring ALT 220 for 13 weeks which is at least 91 days and the requirement is 90 days. ALT A22 PREA policy has information about protecting staff and residents from retaliation. The PREA Investigator and PREA Coordinator will designate appropriate staff members (Generally the resident's Case Manager) to monitor for possible retaliation. Client Advisor staff will also be asked to monitor the resident and staff more closely to assist with retaliation but may not know the specific details as to why they are providing heightened observations. There was an incident that occurred outside the facility during the time of the audit and the resident is currently being kept in the sanctions area. The resident will be released the last week of May and will be placed in the Enhanced Supervision Program through Probation and Parole and the Beta program. This individual did receive counseling with YWCA and has received weekly one on one sessions and during his 30 day assessment with his Case Manager does not feel he is in any danger at the facility.</p> <p>Subsection 115.267 (b): ALT A22 PREA Policy page 5, G. Services Provided for Victims d. indicates that reasonable measures will be 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). During interviews with case managers and residents, case managers meet with residents on a one on one on a weekly basis to ensure they are feeling safe, able to privately report any concerns about interacting as part of the investigation. Interviews with the Alpha House Director stated that residents are reviewed periodically by case managers.</p>

Subsection 115.267 (c): ALT A29 Internal PREA Investigator Description and Duties, page 2 will verify alleged victim receive medical and mental health care and receiving ongoing as needed. The PREA Investigator will track monitoring on the PREA Retaliation Monitoring sheet or assign it to the resident's case manager. Case Managers will monitor residents and PREA Investigators will monitor staff who have reported sexual abuse using the PREA Retaliation and Monitoring sheet. Residents will also be provided with Mental Health Counseling in house or through the Billings YWCA Gateway services or other outside services as necessary, without cost to the resident. Staff will be referred to the EAP program and also provided additional community resources as necessary and at no cost to the employee. Monitoring will last a minimum of 13 weeks (91 days). (PREA Coordinator will identify minimum 90 day end date on ALT 220 form prior to assigning the appropriate case manager and providing the monitoring sheet) but monitoring can be extended to address ongoing concerns over safety and/or treatment. If a resident reports retaliation or attempted retaliation, the Case Manager will report this to the PREA investigators. Residents will be reassigned housing rooms, job duties, etc. Security Staff will be alerted to closely observe and monitor activities regarding the identified individuals. Staff may be reassigned or removed from duty if they are the source of the retaliation. The PREA Retaliation Monitoring Sheet includes a section for continued monitoring for additional of 30 days if needed. It is recommended this be placed in policy to ensure continued and ongoing monitoring if needed. There have been zero times an incident of retaliation occurred in the past 12 months

Subsection 115.267 (d): Case managers enter their One on One meeting notes into the Total Offender Management (TOM) system and the residents sign the case notes at the end of each session. Policy L19 S Weekly Contract Review and Individual One-on-Ones requires One on One sessions for a minimum of the first 8 weeks and then determined if they are to be continued or moved to bi-monthly. In the case of residents, such monitoring shall also include periodic status checks. L7A includes a 1:1 session with a case manager and the purpose is to clearly define the attitude and mental state of the resident in order to determine how he is responding and adjusting to the program. Include how the resident processed the session. The case manager will also review any difficulties the resident is experiencing in any aspect, whether it is family, treatment, work, staff, peers, legal, etc., as well as any accomplishments the resident has achieved. This dialogue will give the case manager an update of the resident's program progress and will reveal areas in which the resident is having difficulty. L7A Case Notes and Monthly Progress Reports were also reviewed for monitoring protocols. It is recommended the PREA Coordinator maintain a Monitoring Log for the agency to ensure time frames are being met and residents are being assessed accordingly.

The PREA policy ALT-A22, Page 6, 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: d. reasonable measures to protect 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. This information was also based on interviews with the agency head and residents.

Subsection 115.267 (e): 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). This information was also based on interviews with staff and residents.

Corrective Action: None

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. A29 Internal Investigator Description and Duties b. A22 PREA policy 3. MOU Billings Police Department 4. Training Records 5. Site Review: Investigation Files 6. Interviews <ol style="list-style-type: none"> a. Investigator b. Residents who reported sexual abuse c. PREA Coordinator d. Facility Director <p>Findings (by subsection):</p> <p>Subsection 115.271 (a): Per A29 PREA Investigator Description and Duties and A22 PREA policy, Passages PREA Investigators conduct the initial investigation of alleged sexual abuse or sexual harassment for Alpha House. Alternatives, Inc. conducts administrative investigations but all criminal investigations are conducted by the Billings Police Department. The Department of Correction's Investigation Bureau is also a resource. Interviews with facility investigative staff verified this standard.</p> <p>Subsection 115.271 (b): There are two certificates for investigators of training from NIC PREA: Investigating Sexual Abuse in a Confinement Setting. Training records and interviews with investigative staff confirm they have had this specialized training.</p> <p>Subsection 115.271 (c): Alternatives, Inc. investigative staff does not collect any physical DNA evidence; Billings Police Department is responsible for all forensic evidence collection. Alternatives, Inc. follows their internal evidence protocol and first responder protocol related to protecting and preserving the crime scene and any potential forensic evidence. Internal Alternatives, Inc. investigators do the administrative investigation and gather relevant witness statements, etc. in cooperation with the Billings Police Department criminal investigations unit. Interviews with facility investigative staff verified this standard.</p> <p>Subsection 115.271 (d): According to A29 Internal PREA Investigator Description & Duties all PREA incidents which may support criminal prosecution are reported to Montana Department of Corrections and FBOP and notify the Billings Police Department of the report and findings from the preliminary investigation who will follow up with interviews. The interview with the facility investigators collaborated this policy and that it is followed by practice.</p> <p>Subsection 115.271 (e): Per A22 PREA policy, page 8, J. 6 Alternatives, Inc. prohibits requiring</p>

residents who allege sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation. Interviews with facility investigative staff verified this standard.

Subsection 115.271 (f): Administrative investigations include staff actions and are documented in written reports which include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. This was determined upon review of incident reports, PREA investigative files and interview with investigators.

Subsection 115.271 (g): Criminal investigations are conducted by the Billings Police Department. The investigative reports adhere to the requirements of this standard.

Subsection 115.271 (h): Billings Police Department conducts all criminal investigations for allegations of criminal sexual misconduct in the facility. Their investigation reports adhere to the requirements of this standard of referring substantiated allegations for prosecution. Interviews with facility investigative staff verified this standard.

Subsection 115.271 (i): Per A29 Internal PREA Investigator Description and Duties and A22 PREA policy, Alternatives, Inc. maintains all written documentation pertaining to the administrative or criminal investigations for the required time frame. Per policy the PREA Coordinator will securely retain records including incident and investigative reports, offender information, case disposition, medical and counseling findings, and recommendations for post release treatment and/or counseling. These records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Subsection 115.271 (j): Per ALT A22 PREA Policy, page 8, j. 5., The departure of the alleged abuser or victim from employment or control of the agency does not provide a basis for terminating an investigation.

Subsection 115.271 k: ALT A22 PREA policy provides that Alternatives, Inc. conducts administrative investigations in Alpha House and follows the requirement of this standard.

Subsection 115.271 (l): Alternatives, Inc. ALT A22 PREA policy and MOU requires the agency to cooperate with the Billings Police Department and the FBOP as well as the Montana Department of Corrections. Interviews with facility investigative staff, facility director and the PREA Coordinator verified this standard.

Corrective Action: None

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA policy 3. Administrative Investigative Reports 4. Interview <ol style="list-style-type: none"> a. Investigator <p>Findings (by subsection):</p> <p>Subsection 115/272 (a): Per policy A22 PREA Policy, page 8, IV J.2, Alternatives, Inc. has established a Preponderance of Evidence of greater than 50 percent for an allegation to be substantiated. The auditors interviewed the two investigators who indicated the standard used is preponderance of the evidence. A review of internal investigation reports corroborates that a higher standard is not being used. Information was also based on interviews from investigative staff.</p> <p>Corrective Action: None</p>

115.273	Reporting to residents
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 999 360">Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li data-bbox="252 412 520 445">1. Alpha House PAQ <li data-bbox="252 456 384 490">2. Policies <ol style="list-style-type: none"> <li data-bbox="252 501 906 535">a. A29 Internal Investigator Description and Duties <li data-bbox="252 546 584 580">3. PREA Incident Reports <li data-bbox="252 591 703 624">4. Case Note memo dated 4/20/18 <li data-bbox="252 636 416 669">5. Interviews <ol style="list-style-type: none"> <li data-bbox="252 680 488 714">a. Facility Director <li data-bbox="252 725 517 759">b. Investigative Staff <p data-bbox="252 804 580 837">Findings (by subsection):</p> <p data-bbox="252 882 1477 1520">Subsection 115.273 (a): A29 Internal PREA Investigator Description & Duties requires Alternatives, Inc. Investigator to notify any resident of the results of the investigation either verbally or in writing within 90 days of the report being submitted, whether the allegation has been determined to be substantiated, unsubstantiated or unfounded and whether any legal action will be taken following the investigation. PREA Investigator will inform a resident who has made an allegation of staff sexual assault (unless unfounded) of the occurrence of the following events: If the staff member is no longer posted within the resident's unit; If the staff member is no longer employed by Alternatives; If the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; If the agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 month was 2 and they were both notified verbally and in writing of the results of the investigation. One report was unsubstantiated and the other was unfounded. The Facility Director and Investigators were interviewed and verified practice is to notify the resident as required by this subsection.</p> <p data-bbox="252 1576 1469 1733">Subsection 115.273 (b): The Billings Police Department will provide relevant information to document results of their investigation following a request on agency letterhead and is faxed to their records department. The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero.</p> <p data-bbox="252 1789 1477 1946">Subsection 115.273 (c): Per A29 Internal PREA Investigation Description and Duties policy the PREA Investigators will report back to the alleged victim(s) verbally or in writing the results of the investigation all the requirements of this standard subsection c-1. An unsubstantiated finding was determined for one staff on resident allegation.</p> <p data-bbox="252 2002 1458 2159">Subsection 115.273 (d) Per policy A29 internal PREA Investigator Description & Duties, page 2, bullet points 9, sub-points 3 and 4 include the requirements of this standard. A PREA Investigator will inform a resident who has made an allegation of staff sexual assault (unless unfounded) of the occurrence of the following events: If the agency learns that the staff</p>

member has been indicted on a charge related to sexual abuse within the facility and If the agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency. Interviews with residents also verified this documentation.

Subsection 115.273 (e): Per A29 Internal PREA Investigator Description and Duties, Page 2, Bullet points 8, 9, 11 and 12 indicates all documents are maintained by Alternatives, Inc. In the past 12 months there was 1 unsubstantiated allegation was documented and the resident was verbally notified of the results.

Corrective Action: None

115.276	Disciplinary sanctions for staff
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 999 360">Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li data-bbox="252 412 520 445">1. Alpha House PAQ <li data-bbox="252 456 384 490">2. Policies <ol style="list-style-type: none"> <li data-bbox="252 501 568 535">a. ALT A22 PREA Policy <li data-bbox="252 546 751 580">b. H20 Employee Discipline Standards <li data-bbox="252 591 611 624">c. H43 Fraternization Policy <li data-bbox="252 636 604 669">d. H17 Sexual Harassment <li data-bbox="252 680 604 714">e. H1 Employee Handbook <li data-bbox="252 725 715 759">f. H33 Staff Conduct with Offenders <li data-bbox="252 770 416 804">3. Interviews <ol style="list-style-type: none"> <li data-bbox="252 815 523 848">a. PREA Coordinator <p data-bbox="252 882 580 916">Findings (by subsection):</p> <p data-bbox="252 972 1485 1173">Subsection 115.276 (a): Alternatives, Inc. follows the Disciplinary Policies enacted by the Board of Directors regarding violations of the agencies policies regarding sexual abuse and sexual harassment to include H20 Employee Discipline Standards, H43 Fraternization policy, H17 Sexual Harassment, H1 Employee Handbook and ALT A22 PREA policy for termination sanctions.</p> <p data-bbox="252 1229 1465 1386">Subsection 115.276 (b): In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies has been zero and no staff have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="252 1442 1485 1823">Subsection 115.276 (c): Alternatives disciplinary policies provides that conduct for disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is 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. Alternatives, Inc. uses a progressive disciplinary policy that will allow for sanctions for violations to be equal to the nature and circumstances of the act. The policy allows for immediate termination if the action warrants it. In the past 12 months, there have been no staff who have been disciplined for violation of these policies.</p> <p data-bbox="252 1879 1465 2159">Subsection 115.276 (d): Alta A22, PREA Policy provides that all conduct that is criminal is reported to local law enforcement (Billings Police Department) for investigation. Alternatives, Inc. will report all staff who violate the agencies sexual abuse or sexual harassment policies and have either been terminates or resigned prior to termination. Alternatives, Inc. will also report the actions of the former employee to their relevant licensing body. The PAQ indicates there have been no staff in the past 12 months report to Billings Police Department for possible criminal conduct.</p>

	Corrective Action: None
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, Interviews, site review):</p> <ul style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ul style="list-style-type: none"> a. ALT H2 Volunteer Inter Procedures and Volunteer Handbook b. ALT A22 PREA Policy 3. Interview <ul style="list-style-type: none"> a. Facility Director <p>Findings (by Subsection):</p> <p>Subsection 115.277-a: ALT A22 PREA policy, age 7 I. 1. requires any report of a contractor or volunteer engaging in sexual abuse will be reported to a PREA Investigator or to the CEO who will notify law enforcement. Per A22 Employee or staff includes paid employees, contracted persons, volunteers and Interns. Per ALT H2 Volunteer Intern Procedures and Volunteer handbook provides that any volunteer or contractor who engages in sexual abuse will be permanently prohibited from entering any Alternatives, Inc. facility. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Subsection 115.277 (b): Per ALT H2 Volunteer and Intern Procedures Alternatives, Inc. will, on a case by case basis review any incident with a volunteer or contractor and implement any remedial measures. Per ALT A22 PREA policy, zero tolerance and ALT H2 using the Discipline and Corrective Action procedures delineated on page 14, Alternatives, Inc. would terminate any volunteer or intern or contractor who has engaged in sexual abuse of a resident. Alternatives, Inc. would report the individual to the Billings Police Department. This information was also based on interviews with the facility director.</p> <p>Corrective Action: None</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA policy b. K17S DOC Class I and II Disciplinary Procedures c. K24 Resident Handbook d. ALT H2 e. L12S Sex and Violent offender Treatment Case Management and Registration 3. ALT 197 Disciplinary Action Form 4. Interviews: <ol style="list-style-type: none"> a. Facility Director b. Medical and Mental Health Staff <p>Findings (by subsection):</p> <p>Subsection 115.278 (a): Per K17S DOC Class and II Disciplinary Procedures and K24 Resident Handbook provides that Resident on Resident sexual abuse that does not reach the level of criminal finding, but is administratively substantiated will follow the formal disciplinary process. Per ALT A22 PREA Policy, zero tolerance and ALT H2 using the Discipline and Corrective Action procedures delineated on page 14, Alternatives, Inc. would terminate any volunteer or intern or contractor who as engaged in sexual abuse of a resident. Alternatives, Inc. would report the individual to the Billings Police Department. Under the Montana Departments of Correction policies and procedures, a resident who is criminally charged with a new crime will be removed from the facility through a formal hearing process. Policy referenced K17S DOC Class I and II Disciplinary Procedures and K24A Resident Handbook. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.</p> <p>Subsection 115.278 (b):According to K17S DOC Class I and II Disciplinary Procedures and K24 A Resident Handbook provides that residents may be subject to disciplinary sanctions after a formal disciplinary process. The Hearing Officer will weigh all the facts concerning a violation and make a ruling based on those facts. If the resident is found guilty of the violation, the Hearing Officer will impose a sanction that is proportionate to the rule violation. This determination will be documented on the Disciplinary Action Form (ALT197). When completed, both the resident and the Hearings Officer receive a copy of this form. The Resident Handbook further details the disciplinary review process. Disciplinary sanctions are regulated by K17S DOC Class I and II Disciplinary Procedures. Verified by interviews with the Facility Director.</p> <p>Subsection 115.278 (c): Per SOP: K17(S), DOC Class I and II Disciplinary Procedures, page 2,</p>

B. 1 and 2 and C. 1 and 3. and email dated 4/18/2019 from the PREA Coordinator under the Disciplinary investigation the Disciplinary Coordinator would consult with staff, including the case manager, mental health professional, and medical staff to discuss any unusual behaviors the resident exhibited and would check to see if the actions were a result of a diagnosed mental illness or attributed to cognitive delay prior to continuing the disciplinary process. Verified by interviews with the Facility Director.

CA staff are instructed to write up the incident, but not to make judgement on the mental status of the resident. The process is designed to allow the appropriate staff to review and make the appropriate determination on the recommendations to proceed, reduce or drop the disciplinary proceedings. Based on interviews with mental health staff.

Subsection 115.278 (d): Policy L12S Sex and Violent offender Treatment Case Management and Registration, A resident will be assessed or reassessed and appropriate therapy, counseling or other interventions developed to address reasons or motivations for abusive nature. A resident going through this process must sign a L4A Resident Contract and Referral for increased accountability regarding their behavior. Should the resident remain at the facility, the resident would be required to meet with appropriate therapy or counseling staff, participate in groups, etc., as a condition of remaining in the program. This information is also based on interviews with medical and mental health staff.

Subsection 115.278 (e): Per K17S DOC Class I and II Disciplinary Procedures outlines the disciplinary process Per K24A Resident Handbook contain the Disciplinary System Violations for sexual conduct within the PREA Requirements. A resident found to have sexually assaulted a staff member would be removed from the facility following disciplinary procedures.

Subsection 115.278 (f): Per A22 PREA Policy Alternatives, Inc. encourages all staff and residents to report incidents of sexual abuse and sexual harassment. Policies specifically address disciplinary actions only if willfully submitting a false report. A520 PREA orientation packet informs residents of substantiated deliberately malicious or false reports by residents or other parties will result in disciplinary action or criminal charges.

Subsection 115.278 (g): Per K17S DOC Class I and II Disciplinary procedures and K24A Resident Handbook, page 29, violation 109 indicates consensual sex between residents is considered unacceptable behavior to Alternatives, Inc., The Montana Department of Corrections and the Federal Bureau of Prison. Consensual Sex is a Class II violation or prohibited act.

Corrective Action: None

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA policy b. F9A Medical and Dental Policies 3. Interviews <ol style="list-style-type: none"> a. Medical and Mental Health b. Security and Non-Security Staff First Responders <p>Findings (by subsection):</p> <p>Subsection 115.282 (a): Per F9 (A) Medical and Dental Policies, page 1, indicates that Alternatives, Inc. is to provide unimpeded access to care and to 24 hour emergency medical and mental health care as needed. Per ALT A22 PREA policy staff will coordinate medical services for resident victims of sexual abuse and outlines medical services. The Sexual Assault Response chart which is attached to ALT A22 outlines the Licensed Clinical Professional Counselor is notified to provide support. Alpha House has a 20 hour per week LPN and two mental health professionals on staff. Alpha also has agreements to provide 24-hour emergency medical and mental health services. The Mental Health Center and Billings Clinic PACT team and the crisis intervention center are available for mental health care. Interviews with medical and mental health providers should indicate a victim would receive the medical services required by this subsection. Per F9A Medical and Dental Policies, outlines the provision of medical services. Mental Health Professionals document crisis intervention services provided using the Total Offender Management (TOM) System. They enter case notes of services provided, including any follow up services and referrals to outside providers. Medical staff will document services provided in secure medical files. Alpha House utilizes Emergency Response Teams (ERT) to provide immediate medical first aid and assistance until Emergency Medical personnel arrive or they are transported to a local Emergency Department. The mental health professional's document crisis intervention services provided using the Total Offender Management (TOM) System. Mental health staff enters case notes of services provided, including any follow up services and referrals to outside providers and/or advocates. This was verified by interviews with medical and mental health staff.</p> <p>Subsection 115.282 (b): Interviews with first responders should indicate the practice of the facility is compliant with this subject. The victim will be protected as well as the crime scene until the police and necessary medical personnel arrive on site or until the victim is transported.</p> <p>Subsection 115.282 (c): A22 PREA policy page 6, G. 2. Provides that 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. T, Page 7 b. Offer to victims, as appropriate, prophylactic treatment and follow up care for sexually transmitted or</p>

other communicable diseases (e.g. HIV, hepatitis B). If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. This was verified by interviews with medical and mental health staff.

Subsection 115.282 (d): ALT A22 PREA policy, page 6, IV. G. 2. (a): provides that treatment services are provided to every victim 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.

Corrective Action: None

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA policy b. L4A Resident Contract and Referral Policy 3. Interviews <ol style="list-style-type: none"> a. Medical and Mental Health Staff <p>Findings (by subsection):</p> <p>Subsection 115.283 (a): Per ALT A22 PREA Policy requires Alternatives, Inc. provides medical and mental health services to any resident who has been the victim of sexual abuse. Facility administration will ensure that residents who allege they ae victims of sexual abuse will have access to the following services: medical examination, documentation and treatment of injuries, including testing for HIV and other sexually transmitted diseases. This information was based on medical and mental health interviews.</p> <p>Subsection 115.283 (b): Interviews with medical and mental health staff conducted indicated that follow-up services and treatment plans are provided as needed upon their transfer to or placement in other facilities. Indicate victims would be provided with appropriate levels of services as required by this subsection. Per Policy ALT A22 resident victims would receive medical and mental health evaluations.</p> <p>Subsection115.283 (c): Per Policy ALT A22 resident victims would receive 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. L4A Resident Contract policy allows for the resident to discuss with staff any program concerns and any transitional living processes. When new information is provided to a case manager, additional treatment or other activities are authorized by the resident team and the case manager to implement or ensure appropriate referrals to Mental Health or other treatment providers. This information was based on medical and mental health interviews and verified a community level of care.</p> <p>Subsection 115.283 (d): This subsection is NA as Alpha House is a male facility.</p> <p>Subsection 115.283 (e): This subsection is NA as Alpha House is a male facility.</p> <p>Subsection 115.283 (f): Per ALT A22 PREA policy, page 6, IV. H. 2. b. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Subsection 115.283 (g): Subsection 115.283 (f): Per ALT A22 PREA policy, page 6, IV. G. 2.a.</p>

provides for treatment services 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. Per policy the facility administration shall coordinate with qualified mental health professionals for crisis intervention counseling and long term follow-up; social, family and peer support.

Subsection 115.283 (h): Per L4A Resident Contract and Referral policy Alpha House requires a revision to the PREA Risk Assessment when new or additional information is discovered or provided by the resident. Resident teams review each residents review 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. This information was based on medical and mental health interviews.

Corrective Action: None

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA policy b. A29 Internal PREA Investigator Description and Duties c. SOP H47 Critical Incident Stress Debriefing 3. Interviews <ol style="list-style-type: none"> a. Incident Review Team b. Facility Director/PREA Compliance Manager <p>Findings (by subsection):</p> <p>Subsection 115.286 (a): Per policy A29 Internal PREA Investigator Description and Duties, Page 2, Bullet Point 10, the facility will conduct a sexual abuse incident review through a post incident review and refer to SOP H47 Critical Incident Stress Debriefing which is outlined on Page 3, B. Per ALT A22 policy, page 8, the facility will conduct an incident review after the conclusion of every sexual abuse investigation. The PAQ indicates, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents were one.</p> <p>Subsection 115.286 (b): Per policy H47 Critical Incident Stress Debriefing policy, page 3 IV. B. 2, An incident review will be conducted within 30 days of the conclusion of a Sexual Abuse incident. ALT A22 PREA policy also refers to an incident review being conducted within 30 days. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents were zero. There was an example of an incident that was considered unsubstantiated which was reported on March 16, 2018 and concluded April 20, 2018 therefore there should have been an incident review completed within 30 days of April 20, 2018 and there was no incident review for that unsubstantiated case which falls within the timelines of this audit. This does not meet standard compliance.</p> <p>Subsection 115.286 (c): Per policy H47 Critical Incident Stress Debriefing policy, page 3. B., the Incident Review team would consist of the Director, the Assistant Director, Operations Supervisor or Operations Assistant with input from supervisors, medical and mental health providers. Per ALT A22 PREA Policy the Incident Review Team will consist of upper level management. The Facility Director was interviewed and he indicated the incident review team consists of upper level management staff with input from investigators and medical or mental health staff.</p> <p>Subsection 115.286 (d): Per H47 policy Critical Incident Stress Debriefing, page 3, B. the review Team will take into consideration the need to change policies, what the motivation was, review the physical layout, staffing levels and whether additional monitoring technology should be deployed. The critical incident team review will consider all 5 requirements of subsection</p>

115.286 (d) 1- (d)-5. In review of past incidents incident review team members had used a critical incident form but staff discontinued use of this form. Interviews from Incident Review Team members indicated they were not aware of the critical incident form.

Subsection 115.286 (e): Per H47 policy Critical Incident Stress Debriefing policy includes recommendations be forwarded to the CEO, Director and PREA Coordinator. Improvements should be implemented based on the recommendations or document the reason for not doing so.

Corrective Action: The agency should utilize H47 Critical Incident Stress Debriefing policy to include the Sexual Abuse Incident Review form as an attachment. This form will help accomplish the critical incident team is able to adequately review all 6 sections of 115.286 (d) which can be submitted to the PREA Coordinator for review of recommendations for improvement. (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. It is also recommended that training be conducted for all staff on the incident review team to utilize this form in cases of sexual abuse incidents. It is also recommended that training be conducted for all staff on the incident review team to utilize this form in cases of sexual abuse incidents.

Verification of Corrective Action since Audit

The Auditor was provided supplemental documentation in August and September and October 2019 which provided evidence and demonstrated corrective action taken by Alternatives, Inc. administration regarding this standard. The documentation is discussed below:

Additional Documentation Reviewed:

- ALT A22 PREA policy (Revised May 22, 2019)
- SOP H47 Critical Incident Stress Debriefing (Revised June 20, 2019)
- SOP H29 After Action Review (Revised July 11, 2019)
- A29 Internal PREA Investigator Description and Duties
- Sexual Abuse Incident March 2019

Subsection (a): The Sexual Abuse Incident Review has been added and expanded in SOP: A22 Prison Rape Elimination Act of 2003 policy and was revised May 22, 2019.

SOP A22 Prison Rape Elimination Act policy, section IV (K) (5) states:

5. The agency will conduct Sexual Abuse Incident Reviews at the conclusion of every sexual

abuse investigation, unless the allegation has been determined to be unfounded. The incident review team consisting of upper level management, will meet within 30 days of the incident to identify policy, training, or other issues that indicate a need to change agency standards to better protect, detect, or respond to incidents of sexual abuse and document its finding on the Sexual Abuse Incident Review form (ALT71). The review process allows for input from supervisors, investigators, and medical or mental health practitioners. A report of the findings along with recommendations for improvement will be forwarded to the CEO and PREA Coordinator. The agency will make such improvements or document the reasons for not doing so on Annual Report.

6. Critical Incident Stress Debriefing (SOP H47) for staff and/or resident's involved will be scheduled as necessary and follow protocols outlined in SOP H47.

The Sexual Abuse Incident Review process has been removed from the H47 Critical Incident Stress Debriefing policy as its purpose is to address and assist staff and/or residents who have been traumatized by an event and was updated with appropriate changes June 21, 2019. Policy A29 Internal PREA Investigators Description and Duties was uploaded to OAS and included a revision on page 2, bullet point 10 to refer to policy A22 on the Critical Stress Debriefing on October 7, 2019. H29 After Action Report was revised July 11, 2019 and uploaded to OAS October 17, 2019.

Agency staff received a memo on May 23, 2019 from Alternatives Executive Assistant indicating to review SOP Revisions of A22 PREA Policy. Client Advisors received updated policy information at the Client Advisor's Team (CA) Wash meeting on September 11, 2019 in regards to review and revisions of H47 Critical Incident Stress Debriefing and H29 After Action Review. Alpha House staff were trained to revisions of A22 PREA policy and H47 Critical Incident Stress Debriefing, A29 PREA Investigation Description and Duties and H29 After Action Review on October 2, 2019. Alternatives (agency) and Beta staff were also trained on revisions of these policies on October 2, 2019. All staff were cross-trained as these staff on occasion assists with Alpha House. Meeting minutes have also been reviewed where training was conducted on A22 PREA policy. There is indication from the new employee schedule that staff are being trained on revision of PREA on-line where the PREA Coordinator reviewed the revised H29 After Action policy and H47 Critical Incident Debriefing. Training documentation in all of these referenced policies have been reviewed in regards to policy updates to include acknowledgement of understanding of policies.

The SOP revisions A22 and H47; the Sexual Abuse Incident Review Form and PREA Audit Corrective Action requirements were reviewed with and by the Delta Management Team and implemented throughout the agency. The Sexual Abuse Incident Report of March 16, 2018 was reviewed by the Sexual Abuse Incident Team on July 1, 2019. The Sexual Abuse Incident Review which occurred on March 16, 2018 and concluded on April 20, 2018 did not take place within the required 30 days. The Incident review was conducted and completed and signed off on 7/1/19. The results of this allegation was an unsubstantiated finding. The Sexual Abuse Incident has been uploaded and reviewed by this auditor.

115.286 (b) The agency has implemented the Sexual Abuse Incident Review ALT 71 form from policy A22 Prison Rape Elimination Act on May 20, 2019 indicating the Incident Review Team will meet within 30-days of a reported Sexual Abuse Incident. The Sexual Abuse

Incident review team will be comprised of Upper Level Management Staff; supervisors, investigators and medical and/or mental health practitioners. The review covers all six (6) required sections of §115.286(d) with review and approval of the facility director and submitted to the CEO and PREA Coordinator following approval. The review will document if any recommendations from the review committee is not implemented or changes made. The agency will document staff training that is conducted because of the recommendations from the Incident Review.

Subsection 115.286 (c): There was a memo dated October 11, 2019 from the PREA Coordinator clarifying that each Incident Review Team review all agency wide policy and procedures revisions prior to implementation with staff. Additionally, for PREA related issues, the PREA coordinator meets monthly with the Delta Team to review any PREA issues or PREA related issues such as need for revisions to SOP's or forms.

Subsection 115.286 (d): A statement was mentioned in this section, "Interviews from Incident Review Team indicated they were not aware of the critical incident form, however, with the revised updates and the training and acknowledgment of understanding of these updates this section has been satisfied.

Subsection 115.286 (e): The facility shall implement the recommendations for improvement which is included on the Sexual Abuse Incident Review form and the Incident Review Team has the opportunity to write and suggest any changes for improvement Sexual Abuse Incident forms have been uploaded and reviewed.

Alpha House is now fully compliant with this standard.

115.287	Data collection
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 999 360">Evidence, Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 412 633 618" style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA Policy 3. Survey on Sexual Violence 4. Annual Report <p data-bbox="252 669 580 703">Findings (by subsection):</p> <p data-bbox="252 754 1481 1046">Subsection 115.287 (a): Per ALT A22 PREA policy uses the specific definition from page 5 of the SSV-IA form and the definitions of Sexual Abuse and Sexual Harassment from the PREA Standards for Community Corrections but does not use the data collected from the Survey of Sexual Violence (SSV)--IA form to document all substantiated allegations of sexual abuse. This section of the standard does not meet the standard. The data collected should include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p data-bbox="252 1097 1441 1176">Subsection 115.287 (b): The agency conducts an annual report which aggregates the data. Alternatives Annual report was reviewed for 2016, 2017, and 2018.</p> <p data-bbox="252 1227 1457 1388">Subsection 115.287 (c): The agency uses the Survey on Sexual Violence SSV-IA for all substantiated allegations of sexual abuse. There was a blank document on the PAQ and this information is not located in any other document. This subsection of the standard does not meet compliance.</p> <p data-bbox="252 1440 1461 1686">Subsection 115.287 (d): Subsection 115.287 (d): Per ALT A22 PREA policy Page 10. M. 3. Alternatives, Inc. maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The data did not used information from the incident based documents as the agency had not been using the Sexual Abuse Incident form to review data. This section of the standard does not meet compliance.</p> <p data-bbox="252 1738 1481 1816">Subsection 115.287 (e): Subsection 115.287 (e) This standard is NA as Alternatives, Inc. does not contract for the confinement of its residents.</p> <p data-bbox="252 1868 1481 1946">Subsection 115.287 (f): This standard is NA as Alternatives has not been requested to provide the Department of Justice (DOJ) with data from the previous calendar year.</p> <p data-bbox="252 1998 1485 2157">Corrective Action: There is a data collection tool (SSV-1A Form) uploaded to the On Line Audit System (OAS) which covers section a and c of this standard but it is blank. This data collection tool covers section c of this standard. This standard specifies the incident based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent</p>

version of the Survey of Sexual Victimization conducted by the Department of Justice. This information should be included in the annual report. The facility has a Sexual Abuse Incident form but did not use the information for section d of this standard. It is recommended that the Sexual Abuse Incident form be attached to H47 Critical Incident Stress Debriefing and staff be trained to use this form and the incident review team analyze the data for recommendations or corrective actions to assist with the annual report.

Verification of Corrective Action since the Audit

The auditors were provided supplemental documentation on August 29, 2019 for evidence and to demonstrate corrective action taken by Alpha House administration regarding this standard. This documentation is discussed below:

Additional Documentation Reviewed:

- ALT A22 PREA policy (Revised May 15, 2019)
- H47 Critical Incident Stress Debriefing (Revised June 20, 2019)
- Survey on Sexual Violence 2016, 2017, 2018
- Annual Reports 2016, 2017, 2018
- Sexual Abuse Incident Report Form (March 2018)
- Training documentation to Policies ALT 22 PREA Policy and H47 Critical Incident Stress Debriefing

Subsection 115.287 (a): Alpha House had one incident that was unfounded. Alpha House has now completed a Survey of Sexual Victimization for the following years 2016; 2017; and 2018 and has been uploaded to this section of the standard. The Alpha House has gathered incident-based and aggregated data. This information will be included in the annual report. On October 15, 2019, the Auditor verified the revised annual report was posted on the agency website.

Subsection 115.287 (c): The agency uses the Survey on Sexual Violence SSV-IA for all substantiated allegations of sexual abuse. Alpha House uploaded the Survey on Sexual Violence SSV-IA for 2016, 2017, and 2018.

Subsection 115.287 (d): Alpha House has utilized data from the SSV-IA and SSV-4 form as part of the Annual Reports as well as using the data collected during the Sexual Abuse Incident Review process. The Sexual Abuse Incident form was added and revised to H47 Critical Incident Stress Debriefing policy. The Annual Reports have been uploaded and reviewed. Revised Annual Reports are on the website and have been reviewed. ALT 71 Sexual Abuse Incident Review form has been uploaded to Section d.

Alternatives has revised A22 PREA Policy on May 15, 2019, the Annual Reports have been revised accordingly. Training documentation has been reviewed in regards to policy updates to include acknowledgement of understanding of policies. Alpha House staff were trained to revisions of A22 PREA policy and H47 Critical Incident Stress Debriefing on October 2, 2019. Alternatives (agency) and Beta staff were trained on revisions of these policies on October 2, 2019. All staff were cross-trained as these staff on occasion assists with Alpha House. Meeting minutes have also been reviewed where training was conducted on A22 PREA policy.

Alpha House is now fully compliant with this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA Policy 3. Annual Reports 2016, 2017 and 2018 4. Website: http://altinc.net/prea/ <p>Findings (by subsection):</p> <p>Subsection 115.288 (a): Per ALT A22 PREA Policy, Alternatives, Inc. reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (1) identifying problem areas; (2) taking corrective action on an ongoing basis; and (3) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Annual Reports for 2016, 2017 and 2018 have been reviewed. Interviews with the agency head and PREA Coordinator verified this information. Subsection (a) does not meet section 1 and 2 of this standard.</p> <p>Subsection 115.288 (b): The annual report includes a summary section for corrective actions for the year; however, it does not include a comparison with those from prior years. This subsection of the standard does not meet the standard.</p> <p>Subsection 115.288 (c): Annual reports are available on the Alternatives, Inc. Website; http://altinc.net/prea/ and the reports are approved by the agency head per ALT A22 PREA policy. The PREA Coordinator presents the Annual Report to the CEO. If he approves, the reports are uploaded to the agency's website PREA page. An interview with the agency head verified this information.</p> <p>Subsection 115.288 (d): Any noted safety or security adjustment would be redacted if it presented a threat to the facility. A review of Annual reports of 2016, 2017 and 2018 was conducted.</p> <p>Corrective Action: Subsection (a) is not met as the agency does not improve the effectiveness of its sexual abuse prevention, detection, response policies and training as it does not include (1) identifying problem areas and (2) does not include taking corrective action on an ongoing bases. It is recommended the agency utilize information gathered from each incident review to increase its effectiveness in sexual abuse prevention, detection, response and training. Subsection (b) does not include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. It is recommended that a process be developed to analyze the data and provide this information in the annual report and review each annual report's documentation to compare the data. Any vital information should be included in the annual report summary section.</p>

Verification of Corrective Action since the audit

The auditors were provided supplemental documentation in August, September and October 2019 for evidence and to demonstrate corrective action taken by Alpha House administration regarding this standard.

Additional Documentation Reviewed:

- ALT A22 PREA policy (Revised May 15, 2019)
- Revised Annual Reports 2016, 2017, 2018
- Updated website: <http://altinc.net/prea/>

Subsection 115.288 (a): The revised Alternatives Annual Reports for 2015, 2016, 2017 and 2018 was uploaded on October 22, 2019. The Annual report for 2018 contains information identifying problem areas during the previous year's Sexual Abuse Incident Review Process as well as corrective action. Annual Reports for 2016 and 2017 include a summary update of information. ALT A22 PREA Policy was revised on May 15, 2019 to include changes adopted from recommendations of the Sexual Abuse Incident Review Process. The Auditor reviewed the revised policy and procedure. Updated training documentation was provided on October 2, 2019 in regards to A22 PREA Policy for Alpha House, Alternatives, and BETA staff who have reviewed the policy and indicated they understand it. The Auditor verified the Revised Annual Report on the website on October 15, 2019.

Subsection 115.288 b: The revised 2018 Annual Report of October 11, 2019 now contains information for both facilities on all Substantiated and Unsubstantiated allegations with comparison from the 2017 Annual Report. The Annual Reports for 2016 and 2017 also include a comparison of data from previous years. The Annual Report for 2015 was included so that a comparison for 2016 could be addressed.

The revised 2018 Annual report contains an assessment, improvement of effectiveness and correction actions taken by Alternatives, Inc. to address problems identified during the previous year's Sexual Abuse Incident Review Process; changes to policies and procedures adopted from recommendations of the Sexual Abuse Incident Review Process; changes to training curriculums for staff and residents; review of video surveillance systems and improvements and additions to help prevent sexual abuse and harassment.

Alternatives has revised A22 PREA Policy on May 15, 2019, the Annual Reports have been revised accordingly. Training documentation has been reviewed in regards to policy updates to include acknowledgement of understanding of policies. Alpha House staff were trained to revisions of A22 PREA policy on October 2, 2019. Alternatives (agency) and Beta staff were trained on revisions of this policy on October 2, 2019. All staff were cross-trained as these staff on occasion assists with Alpha House. Meeting minutes have also been reviewed where training was conducted on A22 PREA policy.

Alpha House is now fully compliant with this standard.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence, Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Alpha House PAQ 2. Policies <ol style="list-style-type: none"> a. ALT A22 PREA Policy b. A29 Internal PREA Investigator Description and Duties 3. Annual Report 4. Website: http://altinc.net/prea/ 5. Interviews <ol style="list-style-type: none"> a. Agency head b. PREA Coordinator <p>Findings (by subsection):</p> <p>Subsection 115.289 (a): Per A29 Internal PREA Investigator Description and Duties policy, page 2, and ALT A22 PREA policy data is maintained in a secure filing cabinet in the PREA Coordinator's office and electronically under the access of the PREA Coordinator. This information was also verified through an interview with the PREA Coordinator.</p> <p>Subsection 115.289 (b): Annual Report is presented to the CEO and placed on the agency's web site under the PREA section: http://altinc.net/prea/</p> <p>Subsection 115.289 (c): Per ALT A22 PREA policy all personal identifiers are removed on annual report. After review of the Annual 2018 confirms the aggregated data is publicly available and removes all personal identifiers. Per ALT A22 PREA policy Alternatives, Inc. will maintain all data collected for at least 10 years from the date of initial collection unless laws require otherwise.</p> <p>Subsection 115.289 (d): Per ALT A22 PREA policy Alternatives, Inc. will maintain all data collected for at least 10 years from the date of initial collection unless laws require otherwise.</p> <p>Corrective Action: None</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1445 405">There were 4 standards found in non-compliance at Passages which are 115.213; 115.286, 115.287 and 115.288.</p> <p data-bbox="252 454 1485 958">Subsection 115.213 (a) for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Subsection 115.213 (a): Currently Passages uses ALT218 as the PREA Annual Staffing Plan which has five sections: 1) Basic Information 2) Staffing Plan Requirements 3) Video Monitoring Systems and Technologies 4) Resources) 5) Recommendations. Subsection (a) under 2) Staffing Plan Requirements did not provide a careful analysis describing the numbers and types of positions in detail as they relate to ensuring sexual safety. Subsection (d) of this standard states, "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 Client Advisor staff. Based on interviews when call-offs do occur there is no documentation to support the call-off and how staff were re-assigned to fill the vacant post.</p> <p data-bbox="252 1014 1469 1776">After a review of the Pre-Audit Questionnaire along with supporting documents, such as Passages policies to include K42P Client Advisor Scheduling, ALT A22 PREA policy and ALT 18 Staffing Plan Annual Reviews as well as facility diagrams and camera locations, staffing plans for 2016, 2017 and 2018 as well as numerous emails and review of those responses and on-site reviews concluded Passages had part of the staffing plan in several separate documents but it was not inclusive. Corrective Action recommends development of a system of written documentation for call-offs or any time the staffing is deviated to show how staff are reassigned. The Staffing Plan should be expanded and enhanced to include additional information that reflects staff placement, movement, post functions and supervisory placement. The records of incidents of sexual abuse are important sources of information for staff plan development and should be reviewed in entirety to identify times of day or locations within the facility where staffing modifications are needed. It is recommended that Alpha House review the PREA Resource Center website for the document "Developing and Implementing a PREA-Compliant Staffing Plan" It is recommended Alpha House review the latest guidance regarding the development of a PREA compliant staffing plan provided via a PREA Resource Center (PRC) webinar. The final approved staffing plan must be provided to the auditor along with training documentation for all staff on the plan to demonstrate institutionalization of this standard.</p> <p data-bbox="252 1832 1469 2154">Subsection 115.286 (b) requires the facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Documentation included in reviewing materials for this standard was the Pre-Audit Questionnaire, A22 PREA policy, A29 Internal PREA Investigator Description and duties and H47 Critical Incident Stress Debriefing. In subsection b of this standard, an example of an incident that was considered unsubstantiated which was reported on March 16, 2018 and concluded April 20, 2018 therefore there should have been an incident review completed within 30 days of April 20, 2018 and there was no incident review for that unsubstantiated</p>

case which falls within the timelines of this audit. This does not meet standard compliance. Corrective action recommends the agency should utilize H47 Critical Incident Stress Debriefing policy to include the Sexual Abuse Incident Review form as an attachment. This form will help accomplish the critical incident team is able to adequately review all 6 sections of 115.286 (d) which can be submitted to the PREA Coordinator for review of recommendations for improvement. (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. It is also recommended that training be conducted for all staff on the incident review team to utilize this form in cases of sexual abuse incidents.

Subsection 115.287 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency uses the Survey on Sexual Violence SSV-1A for all substantiated allegations of sexual abuse. There was a blank document on the PAQ and this information is not located in any other document. This subsection of the standard does not meet compliance. The corrective action recommended use of the data collection tool (SSV-1A Form) uploaded to the On Line Audit System. This data collection tool covers section c of this standard. This standard specifies the incident based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. This information should be included in the annual report. Subsection 115.287 (d): Subsection 115.287 (d): Per ALT A22 PREA policy Page 10. M. 3. Alternatives, Inc. maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The data information did not contain information from the incident based documents as the agency had not been using the Sexual Abuse Incident form to review data. This section of the standard does not meet compliance. The facility has a Sexual Abuse Incident form but did not use the information for section d of this standard. The Corrective Action recommend the Sexual Abuse Incident form be attached to H47 Critical Incident Stress Debriefing and staff be trained to use this form and the incident review team analyze the data for recommendations or corrective actions to assist with the annual report.

Subsection 115.288 (a): Per ALT A22 PREA Policy, Alternatives, Inc. reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (1) identifying problem areas; (2) taking corrective action on an ongoing basis; and (3) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as

the agency as a whole. Annual Reports for 2016, 2017 and 2018 have been reviewed. Interviews with the agency head and PREA Coordinator verified this information. Subsection (a) does not meet section 1 and 2 of this standard. Corrective Action: Subsection (a) is not met as the agency does not improve the effectiveness of its sexual abuse prevention, detection, response policies and training as it does not include (1) identifying problem areas and (2) does not include taking corrective action on an ongoing bases. It is recommended the agency utilize information gathered from each incident review to increase its effectiveness in sexual abuse prevention, detection, response and training. Subsection (b) does not include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. It is recommended that a process be developed to analyze the data and provide this information in the annual report and review each annual report's documentation to compare the data. Any vital information should be included in the annual report summary section.

115.403	Audit contents and findings
	<p data-bbox="252 168 895 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1445 398">There were 4 standards found in non-compliance at Passages which are 115.213; 115.286, 115.287 and 115.288.</p> <p data-bbox="252 454 1485 958">Subsection 115.213 (a) for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Subsection 115.213 (a): Currently Passages uses ALT218 as the PREA Annual Staffing Plan which has five sections: 1) Basic Information 2) Staffing Plan Requirements 3) Video Monitoring Systems and Technologies 4) Resources) 5) Recommendations. Subsection (a) under 2) Staffing Plan Requirements did not provide a careful analysis describing the numbers and types of positions in detail as they relate to ensuring sexual safety. Subsection (d) of this standard states, "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 Client Advisor staff. Based on interviews when call-offs do occur there is no documentation to support the call-off and how staff were re-assigned to fill the vacant post.</p> <p data-bbox="252 1014 1469 1771">After a review of the Pre-Audit Questionnaire along with supporting documents, such as Passages policies to include K42P Client Advisor Scheduling, ALT A22 PREA policy and ALT 18 Staffing Plan Annual Reviews as well as facility diagrams and camera locations, staffing plans for 2016, 2017 and 2018 as well as numerous emails and review of those responses and on-site reviews concluded Passages had part of the staffing plan in several separate documents but it was not inclusive. Corrective Action recommends development of a system of written documentation for call-offs or any time the staffing is deviated to show how staff are reassigned. The Staffing Plan should be expanded and enhanced to include additional information that reflects staff placement, movement, post functions and supervisory placement. The records of incidents of sexual abuse are important sources of information for staff plan development and should be reviewed in entirety to identify times of day or locations within the facility where staffing modifications are needed. It is recommended that Alpha House review the PREA Resource Center website for the document "Developing and Implementing a PREA-Compliant Staffing Plan" It is recommended Alpha House review the latest guidance regarding the development of a PREA compliant staffing plan provided via a PREA Resource Center (PRC) webinar. The final approved staffing plan must be provided to the auditor along with training documentation for all staff on the plan to demonstrate institutionalization of this standard.</p> <p data-bbox="252 1827 1469 2154">Subsection 115.286 (b) requires the facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Documentation included in reviewing materials for this standard was the Pre-Audit Questionnaire, A22 PREA policy, A29 Internal PREA Investigator Description and duties and H47 Critical Incident Stress Debriefing. In subsection b of this standard, an example of an incident that was considered unsubstantiated which was reported on March 16, 2018 and concluded April 20, 2018 therefore there should have been an incident review completed within 30 days of April 20, 2018 and there was no incident review for that unsubstantiated</p>

case which falls within the timelines of this audit. This does not meet standard compliance. Corrective action recommends the agency should utilize H47 Critical Incident Stress Debriefing policy to include the Sexual Abuse Incident Review form as an attachment. This form will help accomplish the critical incident team is able to adequately review all 6 sections of 115.286 (d) which can be submitted to the PREA Coordinator for review of recommendations for improvement. (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. It is also recommended that training be conducted for all staff on the incident review team to utilize this form in cases of sexual abuse incidents.

Subsection 115.287 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency uses the Survey on Sexual Violence SSV-1A for all substantiated allegations of sexual abuse. There was a blank document on the PAQ and this information is not located in any other document. This subsection of the standard does not meet compliance. The corrective action recommended use of the data collection tool (SSV-1A Form) uploaded to the On Line Audit System. This data collection tool covers section c of this standard. This standard specifies the incident based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. This information should be included in the annual report. Subsection 115.287 (d): Subsection 115.287 (d): Per ALT A22 PREA policy Page 10. M. 3. Alternatives, Inc. maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The data information did not contain information from the incident based documents as the agency had not been using the Sexual Abuse Incident form to review data. This section of the standard does not meet compliance. The facility has a Sexual Abuse Incident form but did not use the information for section d of this standard. The Corrective Action recommend the Sexual Abuse Incident form be attached to H47 Critical Incident Stress Debriefing and staff be trained to use this form and the incident review team analyze the data for recommendations or corrective actions to assist with the annual report.

Subsection 115.288 (a): Per ALT A22 PREA Policy, Alternatives, Inc. reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (1) identifying problem areas; (2) taking corrective action on an ongoing basis; and (3) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as

the agency as a whole. Annual Reports for 2016, 2017 and 2018 have been reviewed. Interviews with the agency head and PREA Coordinator verified this information. Subsection (a) does not meet section 1 and 2 of this standard. Corrective Action: Subsection (a) is not met as the agency does not improve the effectiveness of its sexual abuse prevention, detection, response policies and training as it does not include (1) identifying problem areas and (2) does not include taking corrective action on an ongoing bases. It is recommended the agency utilize information gathered from each incident review to increase its effectiveness in sexual abuse prevention, detection, response and training. Subsection (b) does not include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. It is recommended that a process be developed to analyze the data and provide this information in the annual report and review each annual report's documentation to compare the data. Any vital information should be included in the annual report summary section.

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

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

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	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)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual	yes

	abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	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	yes

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

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

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

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	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

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

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

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

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

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with 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)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

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

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

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

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

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

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

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

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

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

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

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

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

115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by 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)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

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

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

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: 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?	yes

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

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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

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

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

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

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

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

115.242 (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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

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

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

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

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

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

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve 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)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

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

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

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

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

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

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

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

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

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

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

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial 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

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

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

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

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

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

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

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

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

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

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

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

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information 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)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

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

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

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

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

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

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

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

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

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

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

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

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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