

# PREA Facility Audit Report: Final

**Name of Facility:** Passages Women's Community-Based Correctional Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 08/08/2025

**Date Final Report Submitted:** 01/02/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kenneth E. Arnold	<b>Date of Signature:</b> 01/02/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Arnold, Kenneth
<b>Email:</b>	kenarnold220@gmail.com
<b>Start Date of On-Site Audit:</b>	03/26/2025
<b>End Date of On-Site Audit:</b>	03/27/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Passages Women's Community-Based Correctional Facility
<b>Facility physical address:</b>	1001 South 27th Street, Billings , Montana - 59101
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Gina Poor, Director
<b>Email Address:</b>	gpoor@altinc.net
<b>Telephone Number:</b>	406-294-9609 ext 215

<b>Facility Director</b>	
<b>Name:</b>	Gina Poor
<b>Email Address:</b>	gpoor@altinc.net
<b>Telephone Number:</b>	406-294-9609 ext 215

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Paula Howard
<b>Email Address:</b>	phoward@altinc.net
<b>Telephone Number:</b>	406-294-9609 ext 233

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	275
<b>Current population of facility:</b>	246
<b>Average daily population for the past 12 months:</b>	238
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Women/girls

<b>Age range of population:</b>	18-80
<b>Facility security levels/resident custody levels:</b>	incarcerated - minimal PRC/Medium - ASRC/ADT/PARC
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	83
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	41

#### AGENCY INFORMATION

<b>Name of agency:</b>	Alternatives, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2120 3rd Avenue , North Billings , Montana - 59101
<b>Mailing Address:</b>	
<b>Telephone number:</b>	406-256-3501

#### Agency Chief Executive Officer Information:

<b>Name:</b>	David O. Armstrong
<b>Email Address:</b>	darmstrong@altinc.net
<b>Telephone Number:</b>	406-256-3501 ext 223

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Rick Deady	<b>Email Address:</b>	rdeady@altinc.net
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# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

### Number of standards exceeded:

2

- 115.213 - Supervision and monitoring
- 115.231 - Employee training

### Number of standards met:

39

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-26
2. End date of the onsite portion of the audit:	2025-03-27

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CEO at Billings YWCA Gateway Program. Minimal reports and need for victim advocates (VAs) during the last one to two years.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	275
15. Average daily population for the past 12 months:	238
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	242
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	17

<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The auditor notes that during resident interviews, one resident stated that she was sexually abused at Passages however, pursuant to the auditor's review of the investigation in the matter, it was determined that the fact pattern constituted sexual harassment.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>83</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>41</p>

<p><b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>
<p><b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The individual identified as a contractor is actually a vendor. He is under staff supervision when stocking vending machines within the facility. Nonetheless, he receives PREA training commensurate with a contractor.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>12</p>
<p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Resident interviewees were selected from each of the three program units throughout the facility.</p>

<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	None
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	3

<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Throughout the onsite visit, the auditor did not observe any residents who exhibited apparent blindness in terms of cane assistance or assistance from other residents. Furthermore, staff interviewees did not reveal the name(s) of any residents who suffered from blindness.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Throughout the onsite visit, the auditor did not observe any residents who exhibited apparent deafness in terms of inability to hear or assistance from other residents or staff with respect to translation. Furthermore, staff interviewees did not reveal the name(s) of any residents who suffered from deafness.</p>

<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Throughout the onsite visit, the auditor did not observe any non-English speaking resident who required staff assistance with translation. Furthermore, staff interviewees did not reveal the name(s) of any LEP residents.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Pursuant to the staff and resident interview process, the auditor determined that zero residents housed at Passages self identify as transgender or intersex. Additionally, random review of victimization/aggressor assessments reveals zero evidence of any residents self identifying as transgender or intersex.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>1</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor notes that a designated and functioning RHU is not available at Passages. Should any concerns arise with a resident's sexual safety at Passages, the Director would work in concert with MDOC to remove the resident from the facility.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>While one resident interviewee stated she was sexually abused at Passages, the auditor notes that pursuant to his review of the investigation in the matter, it was determined that the fact pattern constituted sexual harassment. Accordingly, zero interviews regarding sexual abuse at Passages were facilitated.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Given the complexity of the Passages resident population, the auditor did interview staff of varying ethnic and racial backgrounds.</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	None
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	10
<b>63. Were you able to interview the Agency Head?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to interview the Agency Head:</b>	<p>This is the auditor's second audit of Passages. He did speak with the Agency Head and asked if anything procedural changes had occurred since his last interview less than three years ago. The Agency Head responded in the negative.</p>
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**66. Were you able to interview the PREA Compliance Manager?**

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	3
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

<p><b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>As previously indicated, the individual identified as a contractor is actually a vendor (stocks vending machines throughout the facility). He receives PREA training as a contractor.</p> <p>Additionally, the auditor was unable to complete the criminal investigative interview as BPD investigator(s) did not respond to his attempts to contact them.</p>
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## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<p><b>71. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	None

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	Staff HR Files- 16 Staff Training Files- 15 Resident Files- 15 Investigative Files- 4

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	1
<b>Total</b>	2	0	1	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	2	0	2	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	1	0
<b>Total</b>	0	0	1	1

### Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	2	0
<b>Total</b>	0	0	2	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	2
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<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	Zero criminal sexual harassment allegations referred for criminal investigation.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.211(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Director further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>Alternatives, Inc. (ALT) Policy and Procedural Statement A22 (SOP A22) entitled Prison Rape Elimination Act of 2003 (PREA), pages 1-12 addresses 115.211(a). ALT Policy and Procedural Statement H17 (SOP H17) entitled Sexual Harassment, pages</p>

1-3 also addresses 115.211(a). In addition to the above, ALT Policy and Procedural Statement H33 (SOP H33) entitled Staff Conduct with Offenders, pages 1-3 addresses expectations of staff conduct while ALT Policy and Procedural Statement H43 (SOP H43) entitled Fraternalization Policy, page 3, section IV(C) defines fraternization with residents and potential consequences. Finally, the ALT Employee Handbook, page 8, section entitled Sexual/Textual Harassment and Discrimination Policy; pages 30 and 31, section entitled Fraternalization and Conflict of Interest; and page 34, section entitled Discipline and Corrective Action addresses definitions, expectations of staff, and consequences for violation of such policies.

Various pages of the ALT Policy and Procedural Statements K24P related to the Pre-Release program resident handbook, KO4P related to the ASRC program resident handbook, K40P related to the ADT program resident handbook, and K47P related to the PARC program resident handbook address disciplinary sanctions for residents.

The auditor's review of 14 completed 2024 and 2025 Alternatives, Inc. Intake Procedure/CA Requirements forms reveals the resident is advised at intake regarding the copy of the resident handbook that is either provided to them at intake or available in their room or on the respective floor to which they are assigned. PREA Index (A 520) is included in the resident's welcome packet. The resident is admonished to read the same and she signs/dates the last page of the PREA Index and the Alternatives, Inc. Intake Procedure/CA Requirements forms.

Those documents are subsequently relinquished to Records and this information is documented in section II(N).

Clearly, residents receive information and they are instructed regarding access points for 115.211(a) information.

In view of the above, the auditor finds Passages substantially compliant with 115.211(a).

#### 115.211(b)

Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator, ALT PREA Coordinator (APC), who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The Director reports the APC is in the agency's organizational structure and the auditor verified the same pursuant to review of the ALT Organizational Chart.

The auditor notes the ALT PREA/Safety Coordinator serves as the APC. He is included in the ALT Organizational Chart, reporting to the Quality Assurance Director who reports to the Chief Executive Officer (CEO). The auditor finds this arrangement to be acceptable in terms of information flow and accessibility to the CEO for "all things PREA."

The Passages Director is designated as the PREA Compliance Manager (PCM) at Passages.

	<p>Pursuant to interview with the APC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PCM (one each for AH and Passages). The auditor notes that the APC performs nearly every PREA-related function at both AH and Passages and accordingly, he was interviewed pursuant to the PREA Coordinator/PCM questionnaire.</p> <p>As PREA/Safety Coordinator, the APC spends substantial time at both AH and Passages. Pursuant to management by wandering around (MBWA), he assesses PREA matters, as well as, life safety matters. He reviews posters and educational materials, revises the majority of policies/educational materials for residents/staff/ staff training, etc. He is a trained sexual abuse/harassment investigator and is involved in "all things PREA".</p> <p>In regard to policy development/amendment, the APC can make recommended change(s) to policy however, the same are routed through a review process. Similarly, he can make changes to staff and resident training however, the same must be approved by facility Directors. Monetary expenditures must be routed through facility Directors, the CEO, and the Board of Directors contingent upon dollar amount.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.211(b).</p> <p>Given the lack of adverse findings with respect to 115.211(a) and 115.211(b), the auditor finds Passages substantially compliant with 115.211.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.212(a)</p> <p>Pursuant to the PAQ, the Director self reports that ALT and Passages do not contract with other facilities or companies to house residents designated for confinement at Passages. The auditor's research and written communications with the APC validates the same.</p> <p>ALT uses county jails to house residents who are pending removal from the facility. The Montana Department of Corrections (MDOC) and Federal Bureau of Prisons (FBOP) require the use of county jails for such purposes and the jails are mandated to accept such residents. No contract between ALT and the county jail(s) is/are required.</p>

	Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds Passages substantially compliant with the same.
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>115.213(a)</p> <p>Pursuant to the PAQ, the Director self reports 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. The Director self reports the average daily number of residents since the last PREA audit is 245 and the average daily number of residents on which the staffing plan is predicated is 245.</p> <p>The annual staffing plan is developed and documented, ensuring that the same provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the following is taken into consideration:</p> <p>The physical layout of each facility;</p> <p>The composition of the resident population;</p> <p>The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</p> <p>Any other relevant factors.</p> <p>ALT Policy and Procedural Statement ALT-A22 (SOP A22) entitled Prison Rape Elimination Act of 2003 (PREA), page 3, section IV(B)(2)(a) addresses 115.213(a). Additionally, ALT Policy and Procedural Statement K42(S) (SOP K42S) entitled Client Advisor Shift Scheduling, pages 1 and 2 addresses 115.213(a). Pursuant to the latter SOP, ideal staffing at Passages is six staff assigned to the Day and Swing Shifts while five staff are assigned to the Night Shift.</p> <p>The Director/PCM asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect residents against sexual abuse are considered in the plan. The staffing plan is documented with the paper copy remaining with the Director/PCM. Additionally, the staffing plan is maintained on Sharepoint and is available to all staff.</p> <p>With respect to specific issues factoring into staffing plan development, the Director and APC assert the following:</p> <p>a. When developing the PREA staffing plan, the Director and APC constantly review</p>

sexual abuse incident reviews and incidents to assess camera needs. One hundred Thirty-one cameras are positioned to address/inhibit/reduce blind spots. Revision of security tour rounds is also considered as the same may be necessary to offset supervision weaknesses. The Director can recommend staffing increases to the Chief Executive Officer (CEO) and he can subsequently address the same to the Board of Directors.

A camera monitoring system (Axis NVR and Cameras) is utilized at Passages. The Axis NVR includes 131 cameras currently on the system. The system is comprised of 360 degree panoramic cameras, 180 degree cameras, audio (on certain cameras only), and high definition resolution.

An 80 inch monitor is located at a designated location and the CAs also use multiple monitors on the CA Island to visually observe camera images. The system archives footage for approximately 90 days and video footage is downloadable. Incident footage can be downloaded and saved to the network.

Management reviews staffing on an ongoing basis and the Director, Deputy Director (DD)/OS, HR and management team review staffing on a weekly basis.

b. Three to four validated gang members and associates are housed at Passages. Threats to resident sexual safety are minimized in view of the limited number of the same.

A high concentration of both Caucasian and Native American residents is prevalent at Passages. A handful of Hispanic, African American, and Pacific Islander residents is also observed at Passages. The Passages racial balance appears to be reasonable.

The LGBTI population is not significant in terms of numbers and staff are attentive to any potential observations and/or concerns. Additionally, the aging population is relatively small. The mental health population is quite high and accordingly, a relatively high complement of mental health type staff is maintained.

The Director asserts that the Passages resident population is manageable with the caveat that staff knowledge of the resident population is essential.

c. Four unsubstantiated sexual abuse/harassment cases have been realized during the last 12 months. Accordingly, as of this point, sexual abuse/harassment cases are very manageable. An increase in cases may trigger additional staffing and/or camera considerations.

d. None.

In regard to compliance with the staffing plan, the Director maintains perpetual contact with the DD/OS. The CA-in-Charge and CA Supervisors alert the DD/OS regarding call offs and other exigencies which may affect staffing plan compliance. The CA-in-Charge is responsible for ensuring that all critical posts are staffed and accordingly, coordination between the CA-in-Charge, Supervisor, and the OS is facilitated with respect to appropriate strategies.

The DD/OS contacts the Director regarding any call-offs and the vacancy is subsequently filled with overtime, temporary fill-ins from non-security PREA trained staff, or trained administrators may work the shift. If a deviation from the PREA staffing plan should occur, an email report is submitted from the DD/OS to the Director and a shift note is entered into TOMS (electronic offender management system). The auditor has found no evidence of Passages failure to maintain compliance with the staffing plan.

Of note, throughout the facility tour and subsequent observation, the auditor noted substantial staff presence in the housing areas and throughout the facility. Office configurations on each floor are deemed to be conducive with effective supervision. Additionally, the auditor notes substantial staff presence at the CA Desk area. Staff monitoring of video surveillance was also significant.

In view of the above, the auditor finds Passages substantially compliant with 115.213(a).

115.213(b)

Pursuant to the PAQ, the Director self reports in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The Director further self reports there were no instances of deviation from the staffing plan during the last 12 months.

ALT Policy and Procedural Statement K42(S) (SOP K42S) entitled Client Advisor Shift Scheduling, pages 1 and 2, sections IV(E) and (G) addresses 115.213(b).

In regard to compliance with the staffing plan, the Director maintains perpetual contact with the DD/OS. The CA-in-Charge and CA Supervisors alert the DD/OS regarding call offs and other exigencies which may affect staffing plan compliance. The CA-in-Charge is responsible for ensuring that all critical posts are staffed and accordingly, coordination between the CA-in-Charge, Supervisor, and the DD/OS is facilitated with respect to appropriate strategies.

The DD/OS contacts the Director regarding any call-offs and the vacancy is subsequently filled with overtime, temporary fill-ins from non-security PREA trained staff, or trained administrators may work the shift. If a deviation from the PREA staffing plan should occur, an email report is submitted from the DD/OS to the Director and a shift note is entered into TOMS (electronic offender management system). The auditor has found no evidence of Passages failure to maintain compliance with the staffing plan.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.213. The auditor did note camera surveillance is sufficient to augment staffing, thereby serving to facilitate resident sexual safety. Camera placements are addressed above.

In view of the above, the auditor finds Passages substantially compliant with

115.213(b).

115.213(c)

Pursuant to the PAQ, the Director self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;

Prevailing staffing patterns;

The deployment of video monitoring systems and other monitoring technologies; or

The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

ALT Policy and Procedural Statement K42(S) (SOP K42S) entitled Client Advisor Shift Scheduling, page 2, section IV(H) addresses 115.213(c).

According to the APC, the facility staffing plan is reviewed at least once each year.

Annual Staffing Plans are reviewed and agreed to as a group with the Facility Director. This collaborative approach includes the CEO, screening and disciplinary coordinator (SDC), DD/OS, programs supervisor (PS), and APC, ASRC Supervisor, and ADT/PARC Supervisor. The annual staffing plan is electronically generated.

The auditor's review of the February 10, 2023, February 14, 2024, and February 18, 2024 PREA Annual Staffing Plan Reviews reveals substantial compliance with 115.213(c). The plan addresses the 10 requisite consideration factors for prisons and jails, as opposed to, the four factors required for community confinement facilities. Accordingly, Passages exceeds standard expectations with respect to 115.213(c).

The auditor's review of the above Passages PREA Staffing Plan Review documents also reveals substantial compliance with 115.213(a). Specifically, the document addresses the consideration factors required pursuant to the Prisons and Jails standards. Additionally, general narrative regarding the staffing plan and electronic surveillance strategies is included in the same.

The auditor notes that the names of the review committee are included in the document. Minimally, the CEO, SDC, DD/OS, PS, and APC, ASRC Supervisor, and ADT/PARC Supervisor participate in the process. The APC's interview statement validates the process pursuant to his description of the development process. He does assert that the APC actually develops and writes the staffing plan.

In view of the above, the auditor finds Passages substantially compliant with 115.213(c).

In view of the above, the auditor finds Passages exceeds standard expectations with

	respect to 115.213.
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115.215	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 439 564 472"><b>Auditor Discussion</b></p> <p data-bbox="280 512 437 546">115.215(a)</p> <p data-bbox="280 586 1474 826">Pursuant to the PAQ, the Director self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at Passages as all such searches are facilitated by same gender staff or medical staff approved by the CEO. The Director further self reports zero strip or cross-gender visual body cavity searches of offenders were conducted at Passages during the last 12 months.</p> <p data-bbox="280 866 1422 943">Alternatives, Inc. Policy and Procedural Statement SOP K14(S) entitled Searches, pages 3 and 4, section IV(G and H) addresses 115.213(a).</p> <p data-bbox="280 983 1474 1059">Such searches can be completed for articulable reason(s) and approved through the chain of command, with two same sex staff (same sex as the resident) present.</p> <p data-bbox="280 1099 1474 1254">The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee asserts such searches are not facilitated at Passages. The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff, at Passages during the last 12 months.</p> <p data-bbox="280 1294 1362 1370">In view of the above, the auditor finds Passages substantially compliant with 115.213(a).</p> <p data-bbox="280 1476 437 1509">115.213(b)</p> <p data-bbox="280 1550 1461 1834">Pursuant to the PAQ, the Director self reports the facility does not permit cross-gender pat-down searches of female residents. However, the same may be approved pursuant to exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The Director further self reports that during the last 12 months, zero pat-down searches of female residents were conducted by male staff.</p> <p data-bbox="280 1874 1461 2074">The APC asserts that the majority of CA staff at Passages are female. Pat Searches are scheduled and therefore planned with sufficient female staff to ensure the least disruption to the daily routine. If a pat search is required due to suspicion, staff will ensure a female staff is present and conduct the search immediately or within a short period of time so as to avoid delay of the resident's ability to participate in</p>

scheduled activities, in house work, or outside approved work/meeting functions.

Alternatives, Inc. Policy and Procedural Statement SOP K14(S) entitled Searches, page 3, section IV(G) addresses 115.213(a).

Throughout the on-site audit and pursuant to staff and resident interviews, the auditor has not discovered any evidence indicating that cross-gender pat searches of female residents have been completed during the last 12 months.

All 12 random staff interviewees state that female staff are always on shift and therefore, female resident access to programs or outside opportunities is not restricted. All 12 random residents confirmed the statements of random staff as reflected in the preceding sentence.

The auditor's observation of the Urinalysis Room, during the facility tour, reveals the absence of cameras and adequate privacy precautions for residents.

In view of the above, the auditor finds Passages substantially compliant with 115.215(b).

115.215(c)

Pursuant to the PAQ, the Director self reports facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches are documented, as well as, all cross-gender pat searches of female residents. As reflected in the narratives for 115.215(a) and (b), cross gender strip and cross-gender visual body cavity searches are not conducted at Passages and cross-gender pat searches can be facilitated pursuant to exigent circumstances.

The APC asserts that strip searches may be performed only for articulable reasons. The CA In-Charge must obtain permission from the os, the Director and CEO. Only same gender searches would be conducted in the utmost privacy and with two same gender staff (in comparison to the resident) present. A full written report shall be routed to the director within 24 hours. Cavity searches would only be authorized by the CEO and must be conducted in private by appropriate medical personnel (excluding facility medical providers).

Alternatives, Inc. Policy and Procedural Statement SOP K14(S) entitled Searches, page 3, section IV(H) addresses 115.213(c).

The auditor has found no evidence substantiating the conduct of cross-gender strip searches or visual body cavity searches of Passages residents during the audit period.

In view of the above, the auditor finds Passages substantially compliant with 115.215(c).

115.215(d)

Pursuant to the PAQ, the Director self reports the facility has implemented policies and 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 (this includes viewing via video camera).

The Director further self reports policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing area/room. During the facility tour, the auditor noted that opposite gender staff did announce their presence when entering resident housing areas/rooms.

Alternatives, Inc. Policy and Procedural Statement SOP K24(P) entitled Resident Handbook, page 12, Personal Hygiene stipulates that clothing is to be changed in the bathroom located in each room. Alternatives, Inc. Policy and Procedural Statement SOP K06(S) entitled Head Count, Walk-through, and Daily Room Maintenance Checks, page 2, section IV(A)(3)(a-e) and IV(A)(5) addresses 115.215(d).

The APC asserts that the Passages facility is a renovated hotel, with a private bathroom, inclusive of a shower adorned with a shower curtain and a locking door, located inside each room. There are no community bathroom/shower areas in the facility. Cameras are positioned only in hallways, common areas, classrooms, dining rooms, laundry, etc., and CA and Staff On Duty offices. No cameras are located in resident rooms. Residents are required to change clothes only in the bathroom with the door closed and they must be properly attired when in their room or on the unit. Pursuant to the facility tour, the auditor validated the APC's assertion(s).

All 12 random resident interviewees self report opposite gender staff announce their presence, by gender, when entering their housing area. All 12 interviewees also self report they are never naked or in full view of male staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothing.

All 12 random staff interviewees self report opposite gender staff announce their presence, by gender, when entering housing and shower/toilet areas at Passages. Similarly, all interviewees self report residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

In view of the above, the auditor finds Passages substantially compliant with 115.215(d).

115.215(e)

Pursuant to the PAQ, the Director self reports the facility has a policy prohibiting staff from strip searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Director, no such searches were facilitated during the last 12 months.

Alternatives, Inc. Policy and Procedural Statement SOP K14(S) entitled Searches, pages 3 and 4, section IV(H) addresses 115.215(e).

All 12 random staff interviewees self report the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that they are aware of the relevant policy.

According to the APC, zero transgender/intersex residents were housed at Passages at the time of the on-site audit.

In view of the above, the auditor finds Passages substantially compliant with 115.215(e).

115.215(f)

Pursuant to the PAQ, the Director self reports 100% of all security staff have received training on conducting cross-gender pat-down searches of female residents and searches of transgender/intersex residents in a professional and respectful manner, consistent with security needs. Presentation of the National Institute of Corrections (NIC) video and curriculum for Guidance on Cross-Gender and Transgender Pat Searches are provided to CA staff on an ongoing basis. Senior CA staff provide ongoing pat search training to staff during regular CA meetings.

The auditor's review of a handout entitled Cross Gender Supervision Handout, Cross Gender Supervision Power Point Presentation, and PRC Power Point Presentation entitled Guidance on Cross-Gender and Transgender Pat Searches reveals substantial compliance with 115.215(f). Of note, case law is cited in both the Handout and the Cross Gender Supervision Power Point Presentation to assist participants with comprehension of standard requirements and nuances. The auditor has also reviewed the aforementioned video.

The auditor's on-site review of fourteen 2024 and 2025 Pre-Service and PREA Annual Refresher Training (ART) Statement of Understanding forms reveals substantial compliance with 115.215(f).

The auditor notes the above narrative encompasses staff representing all disciplines.

All 12 random staff interviewees assert they received agency training regarding cross-gender pat down searches of female residents and professional and respectful searches of transgender/intersex residents, minimally during 2024 or 2025. Training is provided in a video, discussion, power point, demonstration, six minute training, and testing format during either/or PREA Pre-Service and/or annual PREA ART sessions.

In view of the above, the auditor finds Passages substantially compliant with 115.215(f).

	<p>Given the lack of adverse findings with respect to 115.215 provisions, the auditor finds Passages substantially compliant with 115.215.</p>
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<p><b>115.216</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.216(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.</p> <p>According to the APC, the facility staff translators, interpreters, and/or language line services will be the first avenue used by staff to effectively communicate PREA information to disabled or limited English proficient (LEP) residents.</p> <p>ALT Policy and Procedural Statement SOP A22 entitled Prison Rape Elimination Act of 2003, page 4, section IV(c) addresses 115.216(a). Additionally, ALT Policy and Procedural Statement SOP L56(S) entitled Case Management Intake and Orientation, page 2, section IV(A)(3) addresses 115.216(a).</p> <p>For a blind resident, the Orientation video would be played with audio, thereby enabling the resident to listen to the same. Additionally, staff would read materials to the resident. For low functioning or mentally impaired residents, client advisor (CA) staff, intake staff, case managers (CMs), licensed addiction counselors (LACs), licensed clinical social workers (LCSWs), and licensed clinical professional counselors (LCPCs), etc. would work with the resident to explain all PREA related issues/forms/documents including reading the form in an effort to ensure they understand the meaning, as appropriate. Severely mentally ill residents are not housed at Passages. We have had residents in wheel chairs, residents who are missing limbs or appendages, etc. and accommodations were made for them as the Americans with Disabilities Act (ADA) program requirements dictate. Finally, residents with low hearing or deafness can read materials.</p> <p>According to the Agency Head interviewee, the agency has established procedures to provide residents with disabilities and residents who are Limited English Proficient (LEP) 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. Specifically, LanguageLine is used, when necessary, to communicate with LEP residents. Generally Spanish and Japanese speaking staff translators can also be</p>

used. Mental health staff assist with the "Special Needs" population.

While opportunities to facilitate effective training with this population have been limited, future strategies include development of MOUs with community providers to assist with the PREA education component. Additionally, staff training will be increased to ensure we are prepared for any influx. This will include LanguageLine training.

All four disabled (two learning disabled, one developmentally disabled, and one physically disabled) interviewees self report the facility provides information about sexual abuse/harassment that they are able to understand.

The auditor notes posters are positioned at reasonable heights for a physically disabled resident's review. Additionally, printed materials appear to be written at a reading level appropriate to the resident population.

The Director asserts when needed, staff read and explain materials to blind residents and deaf or hard of hearing residents read materials themselves. Staff also read aloud PREA information to mentally impaired residents.

In view of the above, the auditor finds Passages substantially compliant with 115.216(a).

#### 115.216(b)

Pursuant to the PAQ, the Director self reports the agency has established procedures to provide residents with limited English proficiency (LEP) 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.

ALT Policy and Procedural Statement SOP A22 entitled Prison Rape Elimination Act of 2003, page 4, section IV(C)(1) and page 10, section IV(L)(4) address 115.216(a).

Additionally, ALT Policy and Procedural Statement SOP L56(S) entitled Case Management Intake and Orientation, page 2, section IV(A)(3) addresses 115.216(a).

CM one-on-one sessions are designed to meet the specific needs of the residents. CMs work with Limited English Proficient (LEP) residents to ensure that they have total access to all activities, services and benefits, including PREA related issues.

The auditor's review of the LanguageLine Solutions contract and instructions reveals substantial compliance with 115.216(b). At approximately 2:45PM on March 25, 2025 (during the Passages onsite visit), the auditor did test the LanguageLine telephone number via the APC's cell phone. The call was initiated by entering the eight digit code followed by the language menu. At this point, the auditor terminated the call, concluding the same was successful.

The APC advises that zero limited English proficient (LEP) residents were housed at Passages during the on-site audit. Accordingly, the LEP interview could not be

completed. Pursuant to the staff and resident interview process, the auditor did not learn of the presence of any LEP residents at Passages during the onsite visit.

In view of the above, the auditor finds Passages substantially compliant with 115.216(b).

115.216(c)

Pursuant to the PAQ, the Director self reports agency policy prohibits use of 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, or the investigation of the resident's allegations. The Director further self reports the facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Finally, in the last 12 months, there were no instances wherein resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

ALT Policy and Procedural Statement SOP K13(S) entitled Resident Control of Other Residents, page 1, section IV(A)(1) addresses 115.216(c). The auditor notes there are three Spanish, one Japanese, and one American Sign Language staff interpreters available to provide translation services at AH and Passages.

All 12 random staff interviewees were aware of at least one condition under which a resident translator, interpreter, reader, or other assistant can be used to assist with translation in the event a disabled or Limited English Proficient (LEP) resident attempts to report sexual abuse. Interviewees cited resultant further physical injury to the victim or loss of evidence/investigation as the basis for invocation of 115.216(c) strategies. The auditor notes interviewees quickly identified the condition(s) following dissection of a scenario.

All 12 random staff interviewees self report no such instances of using resident translators pursuant to the circumstances articulated in 115.216(c) have presented during the last 12 months. Throughout the on-site audit, the auditor found no evidence of staff use of other residents as prescribed in 115.216(c).

In view of the above, the auditor finds Passages substantially compliant with 115.216(c).

Given the lack of adverse findings as reflected in the above narratives, the auditor finds Passages substantially compliant with 115.216.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.217(a)</p> <p>Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;</p> <p>Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph.</p> <p>Montana Department of Corrections (MDOC) polices require that all staff hired by ALT successfully complete a criminal background record check, inclusive of provision of fingerprints to the Department prior to employment selection. The Department of Corrections facilitates the background check and either approves or denies the hiring of the individual(s). FBOP RRC staff facilitate the same approvals for staff working with FBOP residents.</p> <p>Human Resources (HR) staff facilitate this process by escorting the prospective employee to the Yellowstone County Jail to be fingerprinted, ensuring they sign releases to authorize completion of the background checks. MDOC ensures that the background checks include PREA considerations and standards compliance. HR conducts reference checks with previous employers and if a previous employer is an institution, HR staff discuss with the facility PC or Manager of Human Resources (HR) any PREA related issues.</p> <p>ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 2, section IV(A)(5)(a-c), 7, 8, and 11 addresses 115.217(a). Of note, MDOC Probation and Parole (P&amp;P) approves all applicants who will have contact with MDOC residents, considering 115.217(a) considerations. Policy also reflects that P&amp;P facilitates initial and 5-year reinvestigations of staff and ALT Human Resources (HR) staff completes such reinvestigations regarding contractors pursuant to 115.217(e). ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 4, section IV(G), Staff Changing Positions addresses promotional applicants.</p> <p>The APC asserts that the employee signs and responds to three specific PREA related questions on the form Eligibility for Employment Background Check ALT44. Contractors sign the ALT78 form. The auditor's review of these documents reveals substantial compliance with 115.217(a).</p>

The auditor's on-site review of eight random staff HR files pertaining to staff hired during the last 36 months reveals that the ALT44 form, as previously described, was completed in a timely manner in all cases. Five files pertained to staff who were hired prior to 2022 and accordingly, the same are not applicable to this audit period. Of note, the criminal background record checks pertinent to these cases did not reveal any 115.217(a) deviations. The same was also noted with respect to the three promotion cases.

The auditor notes that each Passages employee completes a Personnel File Annual Update (S10) on an annual basis. This form contains the three 115.217(a) questions, the employee checks the appropriate boxes, and signs and dates the same. This document serves to provide manager(s) who promote staff with some assurance that 115.217(a) requirements have been met. Given the fact that most, if not all, promotions are effected within ALT, selecting manager(s) are aware of the staff and any offenses, etc. that may have occurred prior to candidate status.

With respect to the three promotion cases, an S10 was completed prior to the effective date of the promotion in all three cases. With respect to the remaining 11 random staff files reviewed onsite, 2023 and 2024 S10s were completed in each case.

As noted in the narrative for 115.232, the Director advises there is one vendor (not contractor) on board at Passages who has contact with residents. He signed and dated the ALT78 form prior to resident contact. Of note, the ALT78 form includes the same information as the ALT44 form.

In view of the above, the auditor finds Passages substantially compliant with 115.217(a).

#### 115.217(b)

Pursuant to the PAQ, the Director self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 2, section IV(A)(5)(a-c), 7, 8, and 11 addresses 115.217(a).

Of note, MDOC Probation and Parole (P&P) approves all applicants who will have contact with residents, considering 115.217(a) and (b) considerations. FBOP RRC staff facilitate the same approvals for staff working with FBOP residents.

According to the APC, the 115.217(b) question regarding sexual harassment is asked on the ALT44 and ALT78 (applicable to contractors) forms. The auditor's review of those forms validates the statement of the APC. As criminal background record checks do not address sexual harassment, the HR interview with prior institutional employer(s) (applies to applicants only) serves as the only validation.

The HR interviewee asserts the facility does consider prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor who may have contact with residents and the ALT44 does address sexual harassment and asks whether the applicant has engaged in the same. Given the fact that promotional candidates are generally selected internally, hiring manager(s) are aware of any sexual harassment allegations related to residents. Outside applicants must complete the ALT44 and therefore, their declaration is documented.

The auditor's on-site review of eight random staff HR files pertaining to staff hired during the last 36 months reveals that the ALT44 form, as previously described, was completed in a timely manner in all cases. Five files pertained to staff who were hired prior to 2022 and accordingly, the same are not applicable to this audit period. Of note, the criminal background record checks pertinent to these cases did not reveal any 115.217(a) deviations. The same was also noted with respect to the three promotion cases.

The auditor notes that each Passages employee completes a Personnel File Annual Update (S10) on an annual basis. This form contains the three 115.217(a) questions plus the 115.217(b) sexual harassment question, the employee checks the appropriate boxes, and signs and dates the same. This document serves to provide manager(s) who promote staff with assurance that 115.217(a) requirements have been met. Given the fact that most, if not all, promotions are effected within ALT, selecting manager(s) are aware of the staff and any offenses, etc. that may have been committed.

With respect to the three promotion cases, an S10 was completed prior to the effective date of the promotion in all cases. With respect to the remaining 11 random staff files reviewed onsite, 2023 and 2024 S10s were completed in each case.

As noted in the narrative for 115.232, the Director advises there is one vendor (not contractor) on board at Passages who has contact with residents. He signed and dated the ALT78 form prior to resident contact. Of note, the ALT78 form includes the same information as the ALT44 form.

In view of the above, the auditor finds Passages substantially compliant with 115.217(b).

#### 115.217(c)

Pursuant to the PAQ, the Director self reports agency policy requires before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Director further self reports 41

applicants were hired during the last 12 months who may have contact with residents and all have had criminal background record checks.

ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 2, section IV(A)(7) addresses 115.217(c).

MDOC polices require that a criminal background record check is completed, including provision of fingerprints to the Department prior to employment for all staff hired by ALT. MDOC runs the background check and either approves or denies the hiring of the individual(s). This same process is utilized by the FBOP in terms of those staff hired to work with FBOP residents.

HR staff facilitates this process by escorting the prospective employee to Yellowstone County Jail to be fingerprinted and sign releases allowing the background checks to be completed. MDOC ensures that the criminal background record checks include PREA compliance.

HR staff conduct reference checks with previous employers. If a previous employer is an institution, HR staff will talk with the PC or Manager or HR staff at the facility where the applicant was previously employed, to ask specifically about any PREA related issues.

The auditor's on-site review of seven of eight random staff HR files pertaining to staff hired during the last 36 months reveals that criminal background records checks, as previously described, were completed in a timely manner. Five additional files pertained to staff who were hired prior to 2022 and accordingly, the same are not applicable to this audit period. Of note, the criminal background record checks pertinent to these cases did not reveal any 115.217(a) deviations.

MDOC facilitates CJIN criminal background record checks for those staff who work with MDOC residents while FBOP staff facilitate NCIC checks for those staff who work with FBOP residents. Both entities approve representative staff, taking into account 115.217(a) and (b) considerations. MDOC does provide some specifics regarding findings, in addition to selection or non-selection.

With respect to promotion, new criminal background record checks are not generally conducted. As the promotion applicant has been in the continuous employment of ALT, internal vouchering is facilitated. The above 115.217 narrative also addresses procedural processing of criminal background record checks regarding promotions and contractors.

The auditor notes that both MDOC and the FBOP provide to ALT written authorization to hire employees. The actual criminal background record check is not generally provided. Accordingly, the auditor's findings with respect to 115.217(a) and (b) requirements is based on these written authorizations.

Pursuant to contact with the APC, the auditor has learned that HR staff do conduct reference checks and they subsequently document the same on a form. The auditor's onsite review of two files wherein the work history reflected prior

institutional employers reveals that the requisite evidence has not been provided to him nor is the same available. Accordingly, the auditor finds Passages non-compliant with 115.217(c) and he imposes a 180-day corrective action period wherein the APC will demonstrate compliance with and institutionalization of 115.217(c) requirements. The corrective action due date is December 14, 2025.

To demonstrate compliance with and institutionalization of 115.217(c), the APC will provide training to human resources staff regarding follow-up with previous institutional employers regarding the four questions addressed in 115.217(a and b). This training will also include contact with 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. If desired by facility staff, the same provision should be added to existing policy although not required. A copy of training documentation reflecting the training topic, trainer, date of training, typed or printed names of attendees, and signature of attendees will be uploaded.

In addition to the above, the APC will provide a roster of staff hired between the date of this interim report and December 14, 2025, to the auditor. The roster will reflect those applicants who reported prior institutional employment in their application. Copies of any documentation forwarded to the prior institutional employer validating inquiry regarding the four questions addressed in 115.217(a and b) and information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, will also be uploaded. The auditor will subsequently make a determination regarding compliance.

In view of the above, the auditor finds Passages non-compliant with 115.217(c).

December 5, 2025 Update:

The auditor has been advised that in one of the above cases, the listed prior employer is not a criminal justice involved employer. In the other matter, the employee had intended to retire from Alternatives, Inc. following a lengthy career (EOD: April 26, 2011). However, in view of her desire to work intermittent shifts, there was no break in service. Accordingly, she never left the employ of Alternatives, Inc.

Clearly, her EOD preceded implementation of the PREA standards and accordingly, this provision does not apply. Accordingly, the auditor finds that Passages was and is substantially compliant with 115.217(c).

115.217(d)

Pursuant to the PAQ, the Director self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The Director further self reports

one contract for services wherein a criminal background record check was conducted during the last 12 months. The contract is pertinent to a vendor.

ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 2, section IV(A)(5) and 11addresses 115.217(d).

The auditor's review of one criminal background record check regarding a Billings Vending contractor (vendor with minimal contact with residents) reveals nonexistence of 115.217(a) issues.

In view of the above, the auditor finds Passages substantially compliant with 115.217(d).

115.217(e)

Pursuant to the PAQ, the Director self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with residents or a system is in place for otherwise capturing such information for current employees.

ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 2, section IV(A)(7) addresses 115.217(e).

During her interview, the HR interviewee stated HR collects relevant privacy documents. etc. and forwards the same to MDOC and FBOP points of contact. As reflected in the narrative for 115.217(c), the respective agencies run requisite checks. She utilizes a spread sheet to address reinvestigation due dates. She sets the alert for at least six months from the due date.

The auditor's on-site review of five applicable random staff HR files reveals completion of the last 5 year reinvestigation.

In view of the above, the auditor finds Passages substantially compliant with 115.217(e).

115.217(f)

The auditor is aware, as reflected in previous paragraphs, that the ALT44 form is completed by staff prior to hire and the S10 form is completed annually by all staff as required by the above policy. Additionally, the ALT44 is completed at on boarding for new hires or contractors. This practice meets the requirements regarding promotion applicants and performance evaluations.

The HR interviewee substantiates the auditor's understanding of the 115.217(f) practice at Passages. The aforementioned forms are minimally presented at orientation and during Pay Com annual training. Additionally, the continuing affirmative duty to disclose any such misconduct caveat is reflected on the S10

Form that is signed and dated on an annual basis.

ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 2, section IV(A)(8) addresses 115.217(f).

The auditor's on-site random review of 11 of 14 staff HR files reveals that the ALT44 or S10 form was completed for 2024. These documents generally apply to staff hired during the last 36 months.

In view of the above, the auditor finds Passages substantially compliant with 115.217(f).

#### 115.217(g)

Pursuant to the PAQ, the Director self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of employment.

The APC asserts that the Employee Discipline Policy and Background check policy address material omissions or provision of false information under PREA standards as grounds for dismissal. ALT Policy and Procedural Statement SOP H26 entitled Staff Background Checks, page 2, section IV(A)(6) addresses 115.217(g).

Pursuant to section IV(A)(6), the S10 Form is completed by staff on an annual basis. This document constitutes an annual affirmation that the employee is required to report any 115.217(a) violations on a continuing basis.

ALT Policy and Procedural Statement SOP H20 entitled Employee Discipline, page 2, section IV(A)(10) also addresses 115.217(g).

In view of the above, the auditor finds Passages substantially compliant with 115.217(g).

#### 115.217(h)

According to the Director, during the last 12 months, zero requests for information were received from an institutional employer, to whom a Passages or ex-Passages employee has applied to work, relative to substantiated allegations of sexual abuse or sexual harassment.

The HR interviewee asserts when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse/sexual harassment involving the former employee, unless prohibited by law. Such information is released by Corporate staff.

In view of the above, the auditor finds Passages substantially compliant with

	<p>115.217(h).</p> <p>Given the finding explanation identified in the narrative for 115.217(c) and the absence of findings for all remaining 115.217 provisions, the auditor finds Passages substantially compliant with 115.217.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.218(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility has not acquired a new facility or modified an existing facility since the date of the last PREA audit.</p> <p>The CEO and Director assert that sexual abuse/harassment considerations are considered whenever such modification(s) are made. The same is standard operating procedure with respect to facility modifications.</p> <p>In view of the above, the auditor finds 115.218(a) is not applicable to Passages.</p> <p>115,218(b)</p> <p>Since the last PREA audit and pursuant to the PAQ, the Director self reports zero facility video monitoring system upgrades.</p> <p>The CEO and Director assert that sexual abuse/harassment considerations are considered, however, whenever video monitoring upgrades are facilitated.</p> <p>Accordingly, the auditor finds 115.218(b) is not applicable to Passages.</p> <p>Based on the lack of deviations from 115.218 provisions and in view of the evidence cited above, the auditor finds Passages substantially compliant with 115.218.</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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115.221(a)

Pursuant to the PAQ, the Director self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the Billings Police Department (BPD) facilitates criminal investigations relative to Passages residents. When conducting a sexual abuse investigation, the agency investigator(s) follow a uniform evidence protocol and BPD responsibilities are articulated in their protocol(s). This caveat is articulated in the MOU between Alternatives, Inc. and BPD.

The APC asserts BPD has primary jurisdiction over criminal investigations. The MDOC Investigations Bureau may conduct a criminal investigation (with respect to MDOC residents) if BPD declines to investigate. The APC further self reports that if the sexual abuse/harassment incident requires collection of physical evidence, Passages staff will secure the location and ensure that the scene is not tampered with or disturbed until BPD staff can collect physical evidence, following uniform evidence protocols, and releases the scene for clean up and reoccupation.

ALT Policy and Procedural Statement ALT A29 entitled Internal PREA Investigator Description and Duties, pages 1 and 2, section IV(B) addresses 115.221(a).

Additionally, ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 8 and 9, section IV(J)(1-6) addresses 115.221(a).

Eleven of 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation. BPD investigators conduct criminal investigations and they are responsible for physical evidence collection while security staff are responsible to secure the crime scene and guard against destruction of physical evidence by the victim/perpetrator/other residents.

Of note, non-security staff 1st responders are responsible for requesting that the victim not destroy physical evidence and subsequent reporting to security staff. The non-security first responder interviewee correctly stated the above. The security first responder interviewee correctly identified all four first responder steps.

Six of seven random CA staff (security) interviewees and the security staff first responder were able to correctly identify all four first responder (evidence preservation) tasks and all five non-security random interviewees properly identified the two tasks for which they are responsible.

Eleven of 12 random staff interviewees state the APC or the DD/OS are the administrative sexual abuse/harassment investigators while 11 of 12 interviewees state BPD investigators facilitate criminal investigations.

In view of the above, the auditor finds Passages substantially compliant with

115.221(a).

115.221(b)

Pursuant to the PAQ, the Director self reports zero youth are housed at Passages and accordingly, that component of 115.221(b) is not applicable to the facility.

During the facility tour and pursuant to random conversations with staff and resident interviewees, the auditor validated the Director's assertion. The Director further self reports the facility protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.

While ALT has no ability to dictate evidence protocols to BPD, assurance has been provided that BPD's trained evidence technicians are trained in the most current protocols for evidence collection in sexual assault cases. The auditor notes that the co-signer of the aforementioned MOU affirms compliance with 115.221.

In view of the above, the auditor finds Passages substantially compliant with 115.221(b).

115.221(c)

Pursuant to the PAQ, the Director self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners. When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. According to the Director, zero forensic medical examinations were conducted during the last 12 months.

Sexual abuse forensic examinations are facilitated by Billings Clinic staff. ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 6 and 7, sections IV(G and H) addresses 115.221(c).

The APC asserts the Billings Clinic has SANE nurses on staff and on call 24/7/365. Passages staff transport any resident to the Billings Clinic for a forensic medical examination by a trained SANE examiner upon notification by the resident or as instructed by BPD. ALT A22, section (H)(2)(c) requires provision of a report to the Director regarding interactions with the patient, treatment given, and medical recommendations by attending clinical staff.

If transported to the Billings Clinic for a SANE examination and the victim refuses medical or mental health services, the same is documented on the Medical Treatment Refusal Form (ALT 48). Additional information regarding the examination

is gathered from the Clinic and BPD as appropriate and/or released to ALT.

The SANE interviewee asserts she is one of 11 on-call trained (Montana State competency based criteria) Nurses. Additionally, one full-time SANE nurse is available at the Billings Clinic. Billings Clinic SANE nurses facilitate forensic examinations for Passages residents, as well as, members of the community.

SANE training consists of a 41 or 43 hour on-line segment, as well as, three to four clinical examinations (hands-on under the watchful eye of the instructor or senior SANE). The training is facilitated in accordance with International Association of Forensic Nurses (IAFN) strategies. Completion of various training milestones determines when competency is established.

The interviewee reports that zero forensic examinations have been missed by her group within the last several years (since 2015). If, for some reason a SANE examination cannot be completed upon the patient's arrival, the examination is ordinarily delayed (short term) until a SANE room or SANE nurse is available. SANEs are available on a 24/7 basis.

Pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested. Additionally, sexually transmitted infection prophylaxis is provided for both male and female patients in conjunction with the forensic examination. Generally, one dose of medication is provided to patients free of charge.

Of note, the above information is validated pursuant to an informational brochure from Billings Clinic regarding what a victim may encounter or expect during a forensic examination facilitated at the Billings Clinic. The informational brochure has been uploaded into OAS.

In view of the above, the auditor finds Passages substantially compliant with 115.221(c).

115.221(d)

Pursuant to the PAQ, the Director self reports the facility attempts to make a VA from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The Director further self reports the facility provides VA services pursuant to an MOU between Passages and the Billings YWCA Gateway Program.

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 5 and 6, section IV(F)(2) and (5) and page 6, section IV(G)(1)(2)(b) addresses 115.221(d).

The APC asserts that the Billings YWCA Gateway Program is the agency designated as the Rape Crisis Center for Yellowstone County. ALT has entered into an MOU which outlines services required under PREA.

Pursuant to the auditor's review of a document included with the 115.221(c) narrative, a VA from the YWCA Billings Gateway Program accompanies a resident to a forensic examination. This document is included in the Billings Clinic SANE materials. The auditor notes there is no mention regarding presence and support at investigatory interviews.

On June 17, 2025, the auditor spoke with the CEO at YWCA Billings Gateway Program regarding provision of VAs during forensic examinations of Passages residents and investigatory interviews. The CEO confirmed that YWCA Billings Gateway Program VAs would be provided under these circumstances.

According to the APC, victim advocacy services are available to Passages residents pursuant to the MOU as reflected above. Referrals to Billings YWCA Gateway are documented in the Total Offender Management System (TOMS) case notes by the resident's case manager (CM). Billings YWCA privacy policies require the individual to sign a release of confidentiality in order to share information regarding the counseling and information provided to and by the YWCA. The resident is not obligated to sign the release.

At approximately 9:02PM on March 26, 2025, the auditor tested the Billings YWCA Gateway telephone line. The call was facilitated from the 3rd Floor resident telephone and the same was operational. The telephone call was placed in the absence of a need for identifying information, the telephone line was operational, and the telephone call went to voice mail. The No Means No poster, bearing the correct telephone number, was posted in the room near the telephone. The auditor determined that the test was acceptable.

The APC also asserts that five staff LCPCs, LCSWs, and SWLCs are available to provide counseling services to residents during a sexual abuse crisis. However, as the auditor notes, there is no evidence substantiating that any of these staff completed any course of study [either university level or the National Institute of Corrections (NIC) course] regarding victim advocacy. Accordingly, facility staff cannot perform in the role of VAs for purposes of 115.221(d) and (e).

In view of the above, the auditor finds Passages substantially compliant with 115.221(d).

#### 115.221(e)

Pursuant to the PAQ, the Director self reports that if requested by the victim, a victim advocate (VA) accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The APC asserts that if requested by the victim, a victim advocate is accessed through the aforementioned Billings YWCA Gateway Program to accompany the victim and provide emotional support, crisis intervention, information, and referrals

during the forensic medical examination process and investigatory interviews. While the above tenets are not specifically referenced in the aforementioned MOU, the MOU with YWCA Billings Gateway Program references the provision of VAs and counseling/emotional support services, as requested, when a resident has been sexually abused.

The APC further asserts that MDOC Probation & Parole (P&P) has a VA and Passages could so request assistance. Pursuant to the auditor's review of a document included with the 115.221(c) narrative, a VA from the YWCA Billings Gateway Program accompanies a resident to a forensic examination. This document is included in the Billings Clinic SANE materials. The auditor notes there is no mention regarding presence and support at investigatory interviews.

On June 17, 2025, the auditor spoke with the CEO at YWCA Billings Gateway Program regarding provision of VAs during forensic examinations of Passages residents and investigatory interviews. The CEO confirmed that YWCA Billings Gateway Program VAs would be provided under these circumstances.

In view of the above, the auditor finds Passages substantially compliant with 115.221(e).

#### 115.221(f)

As reflected throughout this narrative, BPD investigators facilitate criminal sexual abuse/harassment investigations. Two ALT facility investigators conduct administrative sexual abuse/harassment investigations.

The ALT MOU with BPD spells out many of the requisite PREA standard provisions, inclusive of 115.221(f).

The auditor's review of one sexual abuse investigation facilitated during the last 12 months reveals both BPD criminal and Passages administrative investigations were conducted regarding the allegations. The administrative investigation was substantiated.

With respect to three other sexual harassment administrative investigations facilitated during the last 12 months, all were determined to be unsubstantiated.

In view of the above, the auditor finds Passages substantially compliant with 115.221(f).

#### 115.221(h)

Given the fact that Passages utilizes the Billings YWCA Gateway Program, the agency designated by the Montana Department of Health and Human Services as the Rape Crisis Center for Yellowstone County, the auditor surmises that VA credentials are appropriate. The auditor's conversation with the CEO of Billings

	<p>YWCA Gateway Program validates that a series of training endeavors serve to facilitate continuing education and the interview process serves to ensure that VAs are a good fit within the organization and duties and responsibilities.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.221(h).</p> <p>In view of the lack of adverse findings associated with 115.221 provisions, the auditor finds Passages substantially compliant with 115.221.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.222(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the last 12 months, two allegations of sexual abuse and two allegations of sexual harassment were received at Passages. The auditor's review of these investigations reveals the same are very thorough, timely, and comprehensive.</p> <p>ALT Policy and Procedural Statement SOP A22 entitled PREA, pages 7 and 8, section IV(I)(2-6) addresses 115.222(a). Additionally, ALT Policy and Procedural Statement SOP A29 entitled Internal PREA Investigator Description and Duties, pages 1 and 2, section IV(B) addresses 115.222(a).</p> <p>According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Allegations are reported through Montana Department of Corrections (MDOC) or the Federal Bureau of Prisons (FBOP). Administrative investigations are completed by two PREA trained ALT investigators and BPD criminal investigators complete criminal investigations of sexual abuse/harassment. MDOC investigators can facilitate criminal investigations relative to MDOC residents in the event BPD declines to investigate.</p> <p>In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts that in a criminal matter, BPD is notified and advised of the allegation. Additionally, MDOC staff and FBOP staff are notified.</p> <p>With respect to administrative investigations, the facility Director generally receives</p>

the call (allegation) and he/she reports the same up the chain of command. The on-call administrator is involved and the Director reports the same to the APC who delegates the administrative investigation to one of the trained investigators. Investigations include normal investigative protocols and investigators work hand-in-hand with staff in a collaborative approach.

In view of the above, the auditor finds Passages substantially compliant with 115.222(a).

115.222(b)

Pursuant to the PAQ, the Director self reports the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

ALT Policy and Procedural Statement SOP A22 entitled PREA, pages 7 and 8, section IV(I)(4)(a-c) addresses 115.222(b). Additionally, Alternatives, Inc. Policy and Procedural Statement SOP A29 entitled Internal PREA Investigator Description and Duties, pages 1 and 2, section IV(B) addresses 115.222(b).

The investigative staff interviewee states that agency policy requires allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. BPD or the MDOC Investigations Bureau sexual abuse investigators conduct criminal investigations for Passages.

Clearly, both the aforementioned policy and MOU substantiate compliance with 115.222(b). Both documents are posted on the Passages website.

The auditor notes that the one case referred to BPD for criminal investigation during the last 12 months is adequately documented in the record.

In view of the above, the auditor finds Passages substantially compliant with 115.222(b).

115.222(c)

The auditor's review of the ALT website reveals the appropriate policies, as reflected above, regarding criminal referrals and the investigative responsibilities for administrative and criminal investigative entities are posted on the same.

	<p>ALT Policy and Procedural Statement SOP A22 entitled PREA, pages 7 and 8, section IV(I)(4)(a-c) addresses 115.222(c). Additionally, Alternatives, Inc. Policy and Procedural Statement SOP A29 entitled Internal PREA Investigator Description and Duties, pages 1 and 2, section IV(B) addresses 115.222(c). The auditor's review of the previously mentioned MOU between ALT. and BPD reveals substantial compliance with 115.222(c).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.222(c).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.222.</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>115.231(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on:</p> <ul style="list-style-type: none"> <li>Its zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>Resident's rights to be free from sexual abuse and sexual harassment;</li> <li>The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>The common reactions of sexual abuse and sexual harassment victims;</li> <li>How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>How to avoid inappropriate relationships with residents;</li> <li>How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and</li> <li>How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul>

The APC asserts that ALT policies mandate 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 during mandatory annual refresher training (PREA ART).

ALT utilizes the online National Institute of Corrections (NIC) PREA training system for new employees and requires all staff to complete "PREA: Your role in Responding to Sexual Abuse" and "Communicating Effectively and Professionally with LGBTQI+ Offenders" (currently not available in view of presidential Executive Order).

Additionally, all medical staff will take "Medical Health Care for Sexual Assault Victims in a confinement setting". CMs, LACs, LCPCs, treatment assistants (TAs), specialized mental health therapists (SMHTs), recreation managers (RMs) and intake/assessment coordinators (I/ACs) are required to complete "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting." Site specific refresher documents are created and used by staff at regular training to update and refresh staff regarding PREA Standards.

The APC further self reports that training is received during new employee orientation, as reflected above. PREA ART is provided in February for Sexual Harassment and March for PREA. All staff are required to complete training and the same is tracked using the PAYCOM Learning Management System (LMS) training system. PREA Refreshers are used as an additional reminder/training for staff regarding PREA related issues. All staff are mandated to attend/complete annual PREA Training.

Training material is provided to HR who then uploads the training to the LMS system and staff are assigned the training electronically. The training consists of a review of the ALT A22 PREA policy, the Sexual Harassment Policy, and includes other training, such as a 24 question Frequently Asked Questions (FAQ) Power Point presentation that was included in the LMS along with the PREA refresher documents.

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 9 and 10, section IV(L)(2) addresses 115.231(a).

The auditor's review of the aforementioned NIC curriculum reveals substantial compliance with 115.231(a).

Review of 11 random Passages staff MDOC Comprehensive PREA Training Acknowledgment forms reveals all completed In-Service PREA training during the last 12 months. Given the results of staff interviews and documentation reviews as articulated in the preceding paragraphs, the auditor is reasonably assured that a viable staff PREA training program is in place at Passages.

All 12 random staff interviewees self report they received training regarding the aforementioned 10 PREA topics either during Pre-Service and/or PREA ART training, dependent upon their date of hire.

In view of the above, the auditor finds Passages substantially compliant with 115.231(a).

115.231(b)

Pursuant to the PAQ, the Director self reports training is tailored to the female gender of the residents housed at Passages. Employees who are reassigned from facilities housing the opposite gender are given additional training.

ALT Policy and Procedural Statement SOP A22 entitled PREA, page 10, section IV(L)(2) addresses 115.231(a).

The auditor's review of the afore-mentioned training curriculum reveals the same is commensurate with 115.231(b).

The APC asserts the training that staff receives is applicable to both male and female residents. As ALT specifically prohibits cross-gender strip searches and cross-gender pat searches of female residents absent exigent circumstances, the staff transferring will follow the same-gender policies and they understand the requirement of opposite gender announcements if entering housing units.

The auditor's onsite review of 11 staff training files reveals staff signed and dated the requisite ALT form(s), acknowledging their understanding of the subject-matter presented. Specifically, the auditor's review of the MDOC Comprehensive PREA Training Acknowledgment forms (these documents include the "I understand the subject-matter presented" caveat and are signed/dated by the employee participant) reveals all 11 staff members hired during the last 36 months, completed PREA orientation prior to contact with residents.

In view of the above, the auditor finds Passages substantially compliant with 115.231(b).

115.231(c)

Pursuant to the PAQ, the Director self reports that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The APC asserts that all staff are required to attend PREA ART. Throughout the year, all staff are required to review six minute PREA trainings. The agency provides, in addition to the 13 PREA Refresher documents, 6-minute Trainings for staff to access during "Teams Chats." Given the fact 115.231(c) requires refresher training every

two years to ensure all employees know the agency's current sexual abuse/harassment policies and procedures and the fact annual PREA ART is facilitated at Passages, the auditor finds Passages exceeds standard requirements with respect to 115.231(c).

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 9 and 10, section IV(L)(1) addresses 115.231(c).

The auditor's on-site review of fourteen random 2024 and 2025 PREA Annual Refresher Training (ART) S11 PREA Orientation Statement of Understanding forms reveals substantial compliance with 115.215(f). Two of the 14 affected staff completed said training during 2025 while 12 additional staff have not yet completed the 2025 training. As the 2025 training calendar has not yet concluded, the auditor finds substantial compliance with 115.215(f). The auditor notes the above narrative encompasses staff from all disciplines.

In view of the above, the auditor finds Passages substantially compliant with 115.231(c).

#### 115.231(d)

Pursuant to the PAQ, the Director self reports the agency documents that employees, who may have contact with residents, understand the training they received through employee signature or electronic verification.

The APC asserts that as part of the new employee on-boarding and Orientation process, the employee attends a week long orientation session covering PREA, sexual harassment and agency required training. The staff person signs forms Employee Standards of Conduct; Fraternalization and Conflict of Interest; and the PREA Statement of Understanding following their orientation /training.

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 9 and 10, section IV(L)(1) addresses 115.231(d).

The auditor's on-site review of 14 staff training files, as reflected in the narrative for 115.231(a), reveals staff signed and dated the requisite MDOC and ALT form(s) acknowledging their understanding of the subject-matter presented. Specifically, the auditor's onsite review of 14 random staff PREA Orientation Statements of Understanding forms and MDOC Comprehensive PREA Training Acknowledgments forms (these documents include the "I understand the subject-matter presented" caveat and are signed/dated by the employee participant) reveals affected staff hired during the last 36 months, completed PREA orientation prior to contact with residents.

Given the results of staff interviews and documentation reviews as articulated in the preceding paragraphs, the auditor is reasonably assured that a viable staff PREA training program is in place at Passages.

	<p>Accordingly, the auditor finds Passages substantially compliant with 115.231(d).</p> <p>In view of the lack of findings throughout the 115.231 narratives, the auditor finds Passages substantially compliant with 115.231.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.232(a)</p> <p>Pursuant to the PAQ, the Director self reports all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Director further self reports one trained contractor (vendor) and 41 volunteers have provided services at Passages during the last 12 months. In regard to the vendor, he has supervised contact, minimally, with residents and does not fall within the context of regular contractors.</p> <p>ALT Policy and Procedural Statement SOP H2 entitled Volunteers/Intern Procedures, pages 11 and 12, section V addresses 115.232(a). The same policy addresses previously mentioned Policy ALT-22 and both policies are included in the Volunteer Training packet.</p> <p>The auditor's review of the Passages Volunteer Training Packet reveals that each contractor/volunteer receives a copy of the ALT PREA policy (ALT A22) and Form S11 entitled PREA Orientation Statement of Understanding, revealing substantial compliance with 115.232. The same provides sufficient information and background enabling all contractors/volunteers to fulfill their PREA responsibilities.</p> <p>The auditor's review of volunteer training packets pertaining to three volunteers and the vendor providing services at Passages reveals substantial compliance with 115.232(a). Document(s) maintained within the packet reflect(s) that volunteers must attend annual PREA training, minimally.</p> <p>The APC asserts the volunteers and contractors will meet with the APC, who serves as the Volunteer/Contractor coordinator, to review the Orientation Packet. Volunteer training is updated annually.</p> <p>The auditor's review of the volunteers' S11s reveals substantial compliance with</p>

115.232.

The three volunteer and one vendor interviewees state they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. They met with the APC and received a copy of the PREA policy and discussed the same. They also signed and dated the PREA Orientation Statement of Understanding form. Finally, the interviewees state they have been notified of the agency's zero tolerance policy on sexual abuse/harassment, as well as, informed about how to report such incidents.

In view of the above, the auditor finds Passages substantially compliant with 115.232(a).

115.232(b)

Pursuant to the PAQ, the Director self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The Director further self reports volunteers and contractors, who have contact with residents, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The APC asserts volunteer, intern, and contractor training is presented either in individual or group settings. All attendees are provided a copy of ALT-A22 PREA and ALT-17 Sexual Harassment and H2 Volunteer, Intern Handbook which are reviewed during orientation and taken with them.

The APC asserts that volunteers and contractors are informed to report to the CA at the CA Desk and ask to talk to them in private to make a report.

The three volunteer and one vendor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. They met with the APC and received a copy of the PREA policy and discussed the same. They also signed and dated the PREA Orientation Statement of Understanding form. Finally, the interviewees state they have been notified of the agency's zero tolerance policy on sexual abuse/harassment, as well as, informed about how to report such incidents.

In view of the above, the auditor finds Passages substantially compliant with 115.232(b).

115.232(c)

Pursuant to the PAQ, the Director self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

The APC asserts that pursuant to Alternatives, Inc. ALT H2 Volunteer/Intern Policy/

	<p>Procedure, volunteers and contractors are provided orientation either individually or in groups. Documentation of the training is maintained by the APC. The Orientation checklist is signed by the volunteer/contractor as are the PREA Statements of Understanding and all required documents. The APC signs as a witness to these forms.</p> <p>ALT Policy and Procedural Statement SOP H2 entitled Volunteer/Intern Procedures, document entitled Acknowledgment for Receipt of Volunteer/Intern Handbook addresses 115.232(c).</p> <p>The auditor's review of the contractor/volunteer training documents uploaded into OAS validates the statement of the APC. Requisite documents are signed and dated and the packet appears to be complete.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.232(c).</p> <p>Given the lack of adverse findings associated with 115.232 provisions, the auditor finds Passages substantially compliant with 115.232.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.233(a)</p> <p>Pursuant to the PAQ, the Director self reports residents receive information at the time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse/sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The Director further self reports 597 residents were provided requisite information at intake during the last 12 months, equating to 100% of residents admitted to Passages during the last 12 months who were provided this information at intake.</p> <p>Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA, page 4, section IV(C) addresses 115.233(a). Alternatives, Inc. Policy and Procedural Statement SOP K24P entitled Resident Handbook, pages 7 and 8, section entitled PREA addresses 115.233(a).</p>

The APC asserts that residents receive an initial orientation, watch the PREA video, sign the PREA Statement of Understanding from their PREA Packet and receive their resident Handbook on day of arrival at Passages. PREA information on Zero Tolerance, how to report sexual abuse/harassment, and freedom from retaliation are some of the topics addressed during this resident training.

The auditor notes that four separate programs are provided at Passages and separate resident handbooks are provided whenever the resident enters the respective program. Programs are divided by floors and therefore, a PREA educational orientation is provided as residents traverse between the programs.

The intake staff interviewee (CA Supervisor) self reports she provides residents with information about the Alternatives, Inc. and Passages zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment (resident handbook) and the P483 document at intake. This information is presented in an intake packet including the appropriate Passages Resident Handbook, a pamphlet (P483), and document addressing zero tolerance and reporting options. The resident signs and dates the PREA Statement of Understanding, signifying receipt of this information. The interviewee further self reports that she directs new residents to review poster information as presented throughout the facility. Of note, the PREA video is generally presented by the case manager.

The intake staff interviewee further states that she would read materials to a resident who presented with blindness. For low functioning or mentally impaired residents, CA staff, intake staff, CMs, LACs), LCSWs, and LCPCs, etc. would work with the resident to explain all PREA related issues/forms/documents including reading the form in an effort to ensure they understand the meaning, as appropriate. We have had residents in wheel chairs, residents who are missing limbs or appendages, etc. and accommodations were made for them as the Americans with Disabilities Act (ADA) program requirements dictate. Residents with low hearing or deafness can read materials. Finally, LanguageLine would be utilized for translation service with respect to LEP residents.

All 12 random resident interviewees state that when they first arrived at Passages, they received information about the facility's rules against sexual abuse/harassment. Interviewees validated the statement of the intake staff interviewee in terms of PREA materials they received. Additionally, some interviewees spoke of receipt of a PREA Frequently Asked Questions (FAQ) document.

All 12 interviewees state when they came to Passages, they were told about the following:

Their right not to be sexually abused/harassed;

How to report sexual abuse/harassment; and

Their right not to be punished for reporting sexual abuse/harassment.

The majority of interviewees stated they were provided this information at intake (Resident Handbook, P483) and the PREA video within the week following arrival at Passages.

The auditor's on-site review of 14 random resident files reveals timely PREA information was provided to each resident on the day of arrival and within three weeks of arrival at Passages. The auditor notes that the PREA video was presented to residents within one week of arrival in 13 of the 14 cases.

In view of the above, the auditor finds Passages substantially compliant with 115.233(a).

#### 115.233(b)

Pursuant to the PAQ, the Director self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The APC asserts that all residents entering Passages are provided PREA orientation.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA, page 4, section IV(C) addresses 115.233(b).

The intake staff interviewee self reports residents are made aware of the rights articulated in the narrative for 115.233(a) within the first day, at the latest within two days of admission. The PREA video is generally presented by the case manager within one to seven days following arrival.

All 12 random resident interviewees reported being transferred to Passages from federal, state, or county correctional facilities.

In view of the above, the auditor finds Passages substantially compliant with 115.233(b).

#### 115.233(c)

Pursuant to the PAQ, the Director self reports resident PREA education is available in accessible formats for all residents, including those who are LEP, deaf, visually impaired, otherwise disabled, as well as, to residents who have limited reading skills.

The APC asserts staff meet one-on-one with residents who are LEP, use staff members who are proficient in the resident's native language, utilize the LanguageLine Interpreter Service, use a smart phone/tablet translation application, or provide copies of the document(s) translated into their native language using the Babylon Translation program. PREA education videos are available in English, English with English Subtitles, Spanish and Spanish with Spanish subtitles. Should a deaf resident require sign language assistance, staff will either utilize LanguageLine Interpreter services using webcam/zoom/TEAM services or connect with a local sign language interpreter.

The intake staff interviewee (CA Supervisor) self reports she provides residents with

information about the Alternatives, Inc. and Passages zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment (resident handbook) and the P483 document at intake. This information is presented in an intake packet including the appropriate Passages Resident Handbook, a pamphlet (P483), and document addressing zero tolerance and reporting options. The resident signs and dates the PREA Statement of Understanding, signifying receipt of this information. The interviewee further self reports that she directs new residents to review poster information as presented throughout the facility. Of note, the PREA video is generally presented by the case manager.

In view of the above, the auditor finds Passages substantially compliant with 115.233(c).

115.233(d)

Pursuant to the PAQ, the Director self reports the agency maintains documentation of resident participation in PREA education sessions.

The APC asserts that on the last page of the PREA Orientation packet, there is a statement of understanding which all residents sign subsequent to completion of the orientation session. The document is collected by staff and given to administrative support staff to upload into TOMS.

The auditor's review of 14 Statements of Understanding, as well as, Intake Procedures/CA Requirements validates the above statement. Of note, the latter document addresses access to the Resident Handbook on the kiosk located in the Resource Library in one of the units. Executed documents, as discussed above, are applicable to 14 residents assessed during the onsite review.

In view of the above, the auditor finds Passages substantially compliant with 115.233(d).

115.233(e)

Pursuant to the PAQ, the Director self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor's review of numerous documents referenced throughout the narrative for 115.233 reveals substantial compliance with 115.233(e). Additionally, the auditor's review of three posters submitted with PAQ information reveals zero tolerance towards sexual abuse/harassment and reporting options. The information provided in the posters, Passages Resident Handbook, and P483 is consistent and accurate.

The APC asserts that the Passages Resident Handbook and orientation packets are

	<p>provided or made available to all residents via kiosk and PREA informational posters are posted in all housing units, hallways and common areas.</p> <p>The auditor validated the preceding statement during the facility tour. Posters are plentiful and positioned in strategic locations throughout the facility.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.233(e).</p> <p>Given the lack of adverse findings with respect to 115.233 provisions, the auditor finds Passages substantially compliant with 115.233.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.234(a)</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>The APC asserts that trained ALT staff investigators initiate an administrative investigation into all alleged PREA incidents. If the initial investigation appears to have a criminal basis, BPD investigator(s) are called and the investigation is turned over to them. Should BPD decline to investigate, staff contact the MDOC Investigations Bureau to initiate their investigation relative to State of Montana residents.</p> <p>ALT Policy and Procedural Statement SOP A29 entitled Internal PREA Investigator Description and Duties, page 1, sections III and IV(A) addresses 115.234(a).</p> <p>The auditor's review of the training syllabus for the NIC course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting reveals the same addresses the requirements of both 115.234(a) and (b). The auditor has reviewed this training syllabus in conjunction with other PREA audits.</p> <p>According to the administrative investigative staff interviewee, he completed the Basic and Advanced three hour on-line NIC training courses entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. Some scenario based training was included in the same, as well as, a testing component.</p> <p>According to the interviewee, he also completed an eight hour in-person MDOC sexual abuse investigative training. The administrative investigative interviewee asserts the courses included topics such as:</p> <p>Execution of Miranda and Garrity warnings;</p>

The evidence standard necessary to substantiate a case for administrative action or prosecution referral;

Techniques for interviewing sexual abuse victims; and

Sexual abuse evidence collection in confinement settings.

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

The auditor's review of three NIC certificates (two for the APC and one for the DD/OS at Passages) reveals substantial compliance with 115.234(a) and (c).

In view of the above, the auditor finds Passages substantially compliant with 115.234(a).

115.234(b)

Pursuant to the PAQ, the Director self reports specialized training shall include the following:

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.

According to the administrative investigative staff interviewee, he completed the Basic and Advanced three hour on-line NIC training courses entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. Some scenario based training was included in the same, as well as, a testing component.

According to the interviewee, he also completed an eight hour in-person MDOC sexual abuse investigative training. The administrative investigative interviewee asserts the courses included topics such as;

Execution of Miranda and Garrity warnings;

The evidence standard necessary to substantiate a case for administrative action or prosecution;

Referral, techniques for interviewing sexual abuse victims; and

	<p>Sexual abuse evidence collection in confinement settings.</p> <p>Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.</p> <p>The auditor's review of three NIC certificates (two for the APC and one for the DD/OS) reveals substantial compliance with 115.234(a), (b), and (c).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.234(b).</p> <p>115.234(c)</p> <p>Pursuant to the PAQ, the Director self reports the agency maintains documentation showing investigators have completed the required training.</p> <p>The auditor's review of three NIC certificates (two for the APC and one for the DD/OS at Passages) reveals substantial compliance with 115.234(a) and (c).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.234(c).</p> <p>Given the lack of adverse findings in the above narrative accounts, the auditor finds Passages substantially compliant with 115.234.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.235(a)</p> <p>Pursuant to the PAQ, the Director self reports that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Ten medical and mental health care practitioners (four medical and six mental health) who work regularly at this facility have received the training required by agency policy. This equates to 100% of all medical and mental health care practitioners who work regularly at this facility who have received the training required by agency policy.</p>

Pursuant to the 2024-2025 Annual Training Plan, medical practitioners complete the NIC course entitled Medical Health Care for Sexual Assault Victims in a Confinement Setting and mental health practitioners (LACs, LCPCs, TAs, and SMHTs) complete Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The auditor's review of 10 certificates as described above for four medical practitioners and six certificates for mental health practitioners reveals substantial compliance with 115.235(a) and (c).

The medical interviewee asserts she completed specialized training regarding sexual abuse/harassment in confinement settings. The training consisted of a three hour on-line course, inclusive of scenario training and a testing component. The training addressed the following:

How to detect and assess signs of sexual abuse/harassment;

How to preserve physical evidence of sexual abuse;

How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The mental health staff interviewee states she does not recall completing such training. She did, however, recall the four topics listed above. Pursuant to research, the auditor determined that she did complete the specialty training, in question, as evidenced by her certificated of completion.

In view of the above, the auditor finds Passages substantially compliant with 115.235(a).

115.235(b)

Pursuant to the PAQ, the Director self reports that agency medical staff at this facility do not facilitate forensic medical examinations. The auditor validated the same during the on-site visit and accordingly, he finds 115.235(b) not applicable to Passages.

115.235(c)

Pursuant to the PAQ, the Director self reports that the agency maintains documentation reflecting that medical and mental health practitioners have completed the requisite NIC training previously mentioned.

Pursuant to the 2024-2025 Annual Training Plan, medical practitioners complete the NIC course entitled Medical Health Care for Sexual Assault Victims in a Confinement Setting and mental health practitioners (LACs, LCPCs, TAs, and SMHTs) complete

	<p>Behavioral Health Care for Sexual Assault Victims in a Confinement Setting.</p> <p>The auditor's review of 10 certificates as described above for four medical practitioners and six certificates for mental health practitioners reveals substantial compliance with 115.235(c).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.235(c).</p> <p>115.235(d)</p> <p>Pursuant to the PAQ, the Director self reports that medical and mental health care practitioners also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, dependent upon the practitioner's status with the agency.</p> <p>The auditor's review of four Individual Training Records for random Passages medical/mental health providers reveals all completed 2024 PREA ART, minimally. The auditor notes that the 2025 calendar year has not yet concluded and accordingly, he finds Passages substantially compliant with 115.235(d).</p> <p>Accordingly, the auditor finds Passages substantially compliant with 115.235(d).</p> <p>In view of the above, the auditor finds Passages compliant with 115.235.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.241(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 2, section IV addresses 115.241(a). The auditor notes that this policy requires initial screening within 48 hours of arrival at the facility.</p> <p>The staff who performs screening for risk of victimization and abusiveness interviewee self reports she does screen residents upon admission to Passages or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Additionally, she reports that new commitments are</p>

screened within 72 hours of intake. As a matter of fact, new commitments are generally screened within 24 hours of arrival at the facility.

Eleven of 12 random resident interviewees state when they first arrived at Passages, they were asked questions like:

Whether they had been in jail or prison before;

Whether they have ever been sexually abused;

Whether they identify as being LGBTI; and

Whether they think they may be in danger of being sexually abused at Passages.

One random resident interviewee stated she did not know whether she was asked the above questions and a second interviewee did not know when the above questions were asked.

The auditor's on-site review of 14 random resident files reveals initial sexual victimization/sexual abusiveness screening was conducted within 48 hours (one) of arrival at Passages and in a comprehensive manner in all cases. In 11 cases, initial victimization/aggressor screening was conducted within 24 hours of arrival at the facility.

In view of the above, the auditor finds Passages substantially compliant with 115.241(a).

115.241(b)

Pursuant to the PAQ, the Director self reports 115.241(a) screening shall ordinarily take place within 72 hours of arrival at the facility. The below policy requires that screening is conducted within 48 hours of arrival at Passages. The Director self reports during the last 12 months, 580 residents entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of residents admitted to the facility during the last 12 months, for 72 hours or more.

ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 3, section IV addresses 115.241(b). The auditor's PAQ review of four initial assessments conducted during 2024 and 2025 reveals substantial compliance with 115.241(b).

The staff who performs screening for risk of victimization and abusiveness interviewee self reports she does screen residents upon admission to Passages or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Additionally, she reports that new commitments are screened within 72 hours of intake. As a matter of fact, new commitments are generally screened within 24 hours of arrival at the facility.

Eleven of 12 random resident interviewees state when they first arrived at Passages, they were asked questions like:

Whether they had been in jail or prison before;

Whether they have ever been sexually abused;

Whether they identify as being LGBTI; and

Whether they think they may be in danger of being sexually abused at Passages.

One random resident interviewee stated she did not know whether she was asked the above questions and a second interviewee did not know when the above questions were asked.

The auditor's on-site review of 14 random resident files reveals initial sexual victimization/sexual abusiveness screening was conducted within 48 hours (one) of arrival at Passages and in a comprehensive manner in all cases. In 11 cases, initial victimization/aggressor screening was conducted within 24 hours of arrival at the facility.

In view of the above, the auditor finds Passages substantially compliant with 115.241(b).

115.241(c)

Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument.

ALT Policy and Procedural Statement ALT217 entitled PREA: Risk Assessment, page 1 addresses 115.241(c).

The auditor's review of the Alternatives, Inc. Sexual Predator/Vulnerability PREA Screening Checklist reveals the same is an objective screening tool. All 115.241(d) objective topics, as well as others identified by ALT as germane to indicators of sexual victimization/aggression, are considered in the instrument. Additionally, specific questions and responses are weighted differently to establish propensity towards sexual victimization/aggressiveness.

In view of the above, the auditor finds Passages substantially compliant with 115.241(c).

115.241(d)

The auditor's review of the Sexual Abuse Screening Tool reveals substantial compliance with 115.241(d). Specifically, the document addresses the following issues:

Whether the resident has a mental, physical, or developmental disability;

The age of the resident;

The physical build of the resident;

Whether the resident has previously been incarcerated;

Whether the resident's criminal history is exclusively nonviolent;

Whether the resident has prior convictions for sex offenses against an adult or child;

Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

Whether the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee self reports the following factors are considered in the sexual victimization/abusiveness screening:

History of sexual abuse in the community or in a confinement setting;

Height;

Weight;

Age;

Physical or mental health disabilities;

History of violence;

LGBTI status;

History of institutional predatory behavior; and

Gang affiliation.

The screening interview is conducted in the interviewee's office behind closed doors. The interview is conducted in a one-on-one setting and the interviewee reads the questions to the resident, documenting responses to the same. Finally, the interviewee does review the pre-arrival packet prior to facilitation of the screening and accordingly, she follows-up with the resident with respect to responses.

In view of the above, the auditor finds Passages substantially compliant with 115.241(d).

115.241(e)

The auditor's review of the Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

ALT Policy and Procedural Statement ALT217 entitled PREA: Risk Assessment, page 1 addresses 115.241(e).

The staff who performs screening for risk of sexual victimization and abusiveness interviewee self reports the following factors are considered in the sexual victimization/abusiveness screening:

The staff who performs screening for risk of sexual victimization and abusiveness interviewee self reports the following factors are considered in the sexual victimization/abusiveness screening:

History of sexual abuse in the community or in a confinement setting;

Height;

Weight;

Age;

Physical or mental health disabilities;

History of violence;

LGBTI status;

History of institutional predatory behavior; and

Gang affiliation.

In view of the above, the auditor finds Passages substantially compliant with 115.241(e).

115.241(f)

Pursuant to the PAQ, the Director self reports the policy requires the facility reassesses 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. The Director self reports during the last 12 months (until the date on which the PAQ was completed), 461 residents entering the facility either through intake or transfer, 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. The Director further self

reports this represents 100% of residents entering the facility for more than 30 days.

The staff who performs screening for risk of victimization and abusiveness interviewee self reports she does re-screen residents within 30 days of arrival at Passages based upon any additional relevant information received by the facility since the initial screening. She accesses a task list in TOMS (alert) to facilitate timely re-assessments. Additionally, she uses a personal calendar to ensure reassessments are completed within a 21-27 day range from the arrival date.

The APC asserts that all residents are reassessed for risk of victimization or abusiveness within 30 days of their arrival. The TOMS system sends a task reminder to the CM at the 25th day to remind of the need to complete the 30-day follow-up if not already completed.

ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 3, section IV(D)(1) addresses 115.241(f).

The auditor's PAQ review of three of the four resident files mentioned in the narrative for 115.241(d) reveals that the 30-day reassessment was conducted in a timely and thorough manner. Additionally, the auditor's on-site review of nine of 14 random resident files reveals that timely and comprehensive 30-day reassessments were facilitated.

The auditor strongly recommends that staff shorten the window in which the 30-day reassessment is facilitated. To be specific, an 18-24 day window may result in timely reassessments in the vast majority of cases.

Nine of 12 random resident interviewees report they were asked the questions reflected in the narrative for 115.241(d) above since arrival at Passages. The questions were allegedly asked within 30 days of arrival at the facility.

The auditor's review of two of three resident files related to those interviewees who state they were not reassessed at Passages or they don't recall whether they were reassessed reveals the residents were reassessed in a timely and comprehensive manner.

In view of the above, the auditor finds Passages substantially compliant with 115.241(f).

#### 115.241(g)

Pursuant to the PAQ, the Director self reports policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The APC asserts that CMs 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 abuse/harassment. He further asserts that additional information has not been discovered in any cases during the last 12 months in follow-up to a sexual abuse investigation. However, the auditor has been provided evidence warranting 115.241(g) reassessments during the last 18 months. The same involved a substantiated investigation for sexual abuse of a resident. The incident consisted of resident-on-resident physical touching.

The staff responsible for risk screening interviewee states that the APC identifies requisite reassessments regarding an incident of sexual abuse and delegates the same to the CM.

ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 3, section IV(D)(1) addresses 115.241(g).

In view of the above, the auditor finds Passages substantially compliant with 115.241(g).

115.241(h)

Pursuant to the PAQ, the Director self reports the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;

Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 3, section IV(D)(2) addresses 115.241(h).

According to the staff who performs screening for risk of sexual victimization and abusiveness interviewee, residents are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to):

Whether or not the resident has a mental, physical, or developmental disability;

Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

The auditor has not discovered nor has he been provided any evidence

	<p>substantiating deviation from 115.241(h).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.241(h).</p> <p>115.241(i)</p> <p>According to the APC, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Initial assessments and reassessments are uploaded into TOMS and those staff with privileges can access the same. CA-in-Charge, CMs, the OS, PCM, and the Director have access to the same. The staff who performs screening for risk of sexual victimization and abusiveness interviewee corroborates the statement of the APC.</p> <p>As mentioned above, electronic copies of initial assessments and re-assessments are maintained on a password protected server. Only those staff with privileges can access these documents electronically. Hard copies of the same documents are shredded post scanning and downloaded to the server and TOMS program.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.241(i).</p> <p>Given the lack of adverse findings with respect to the above narratives and individual standard provisions, the auditor finds Passages substantially compliant with 115.241.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.242(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The APC asserts the agency uses information gleaned from the risk screening during intake to keep residents safe from being sexually victimized or sexually abusive. This information is used primarily with housing decisions. Potential and known victims (PVs/KVs) are separated from potential and known predators (PPs/KPs).</p>

Residents classified as "NA" may be placed with PVs/KVs or PPs/KPs.

When the case manager enters the results of the PREA Risk Assessment into the TOMS system, TOMS transmits an email to the DD/OS, PS, Director and APC, identifying the status of the resident. CAS will also receive this information to assist him/her with room placement or, if necessary, changing rooms to ensure safety of the resident.

If staff making room assignments need additional guidance regarding room assignments, they will email or contact the DD/OS or APC for final guidance. The TOMS program also provides notifications of the PREA Risk Status on the room change screen to alert staff on the need to review all roommate statuses prior to making a room change. Active Room Assignment report(s) and security Head Count log(s)/report(s) also identify the resident's PREA risk assessment so security staff may be observant for possible safety issues.

Like the APC, the staff responsible for risk screening interviewee states that KPs/PPs are not housed with KVs/PVs. NAs can be housed with either classification. Programs are supervised by staff and group rooms are monitored by camera surveillance.

ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 3, section IV(D) addresses 115.242(a). Additionally, ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(E)(2) also addresses 115.242(a).

The auditor's cursory review of Active Room Assignments and the Passages Head Count Log dated March 3, 2025 reveals consistency in terms of geographic separation (by room) of KVs/PVs and KPs/PPs. During the onsite visit the auditor identified no deviations from practice, policy, or standard provision.

In view of the above, the auditor finds Passages substantially compliant with 115.242(a).

115.242(b)

Pursuant to the PAQ, the Director self reports the facility makes individualized determinations about how to ensure the safety of each resident.

ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 3, section IV(D) addresses 115.242(b). Additionally, ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(E)(2) addresses 115.242(b).

Like the APC, the staff responsible for risk screening interviewee states that KPs/PPs are not housed with KVs/PVs. NAs can be housed with either classification.

Common sense is utilized to ensure that housing demands are met. Included in the screening tool is a question regarding the resident's feelings about her sexual

safety. The screening instrument is designed to address sexual safety for each individual resident.

In view of the above, the auditor finds Passages substantially compliant with 115242(b).

115.242(c)

Pursuant to the PAQ, the Director self reports the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

The APC asserts that when a resident identifies as transgender, intersex or gender non-conforming (non-binary), the housing decision will be staffed by the APC, DD/OS, and Director to determine the safest housing and work assignments.

ALT Policy and Procedural Statement SOP L56S entitled Case Management Intake and Orientation, page 3, section IV(D) addresses 115.242(c). Additionally, ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(E)(2) addresses 115.242(c).

The APC asserts all incoming residents are placed in a sexually safe situation based on screening results. PVs/KVs and PPs/KPs are housed with NAs or the same classification can be housed together. However, KVs/PVs are not housed with KPs/PPs.

LGBTI residents are not placed in designated areas within the facility. There are no designated location(s) for transgender/intersex resident housing. Bed assignments are based on careful matching to ensure assignments are properly made pursuant to the aforementioned formula.

The agency does consider whether the placement will ensure the resident's health and safety. Similarly, the agency does consider whether the placement would present management or security concerns.

The APC asserts that zero transgender or intersex residents were housed at the facility during the onsite visit. Throughout the onsite visit, the auditor did not find any evidence of transgender or intersex resident confinement at Passages and accordingly, such interview could not be facilitated.

In view of the above, the auditor finds Passages substantially compliant with 115.242(c).

115.242(d)

The APC asserts transgender/intersex resident's own views with respect to their safety are given serious consideration in placement and programming assignments.

The staff who conducts screening for risk of victimization and abusiveness interviewee confirms the APC's statement in this regard.

The APC asserts that zero transgender or intersex residents were housed at the facility during the onsite visit. Throughout the onsite visit, the auditor did not find any evidence of transgender or intersex resident confinement at Passages and accordingly, such interview could not be facilitated.

In view of the above, the auditor finds Passages substantially compliant with 115.242(d).

#### 115.242(e)

According to the APC, transgender and intersex residents are given the opportunity to shower separately from other residents. As previously referenced in the narrative for 115.215, the Passages facility is a renovated Hotel, with a private bathroom, inclusive of a shower adorned with a shower curtain and a locking door, located inside each room. There are no community bathroom/shower areas in the facility. Clearly, all residents have access to private showers, separate from other residents.

The APC asserts that zero transgender or intersex residents were housed at the facility during the onsite visit. Throughout the onsite visit, the auditor did not find any evidence of transgender or intersex resident confinement at Passages and accordingly, such interview could not be facilitated.

In view of the above, the auditor finds Passages substantially compliant with 115.242(e).

#### 115.242(f)

The APC asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. The APC further asserts he has access to random room assignment documentation, inclusive of assessments and at least monthly, he reviews the same to ensure LGBTI residents are not housed in specific rooms/locations within the facility. Transgender/intersex residents are dispersed throughout the facility.

Additionally, the DD/OS monitors housing assignments and alerts the Director/PCM regarding PREA-related housing decisions.

The APC asserts that zero transgender or intersex residents were housed at the facility during the onsite visit. Throughout the onsite visit, the auditor did not find any evidence of transgender or intersex resident confinement at Passages and accordingly, such interview could not be facilitated.

The auditor's cursory review of room/bed assignments reveals no deviation from standard. Accordingly, the auditor finds Passages substantially compliant with

	<p>115.242(f).</p> <p>In view of the non-existence of adverse findings regarding any 115.242 provisions, the auditor finds Passages substantially compliant with 115.242.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.251(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment;</p> <p>Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and</p> <p>Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The APC asserts that residents can report to any staff, volunteer, intern, contractor, medical or mental health staff or use the formal grievance process, use a medical kite, etc. Additionally, victims can report sexual abuse/harassment through telephonic contact with Great Falls Transitional Center (GFTC).</p> <p>ALT Policy and Procedural Statement SOP K24P entitled Pre-Release Resident Handbook, page 7, section entitled Sexual Harassment/PREA addresses 115.251(a). SOPs K40P, K47P, and K04P (address the other three programs that fall under the Passages umbrella, also apply. Additionally, ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 4 and 5, section IV(D)(1)(a-d and f) addresses 115.251(a).</p> <p>The auditor's review of the Passages Resident Handbooks (4), as cited in the preceding paragraph, reveal multiple methods for private resident reporting of sexual abuse and sexual harassment incidents.</p>

All 12 random staff interviewees are able to cite at least two methods available to residents for reporting sexual abuse/harassment, retaliation by other residents/staff for reporting sexual abuse/harassment, or staff neglect/violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Methods of reporting include:

Telephonic contact with GFTC;

Verbal report to staff;

Submit a kite; and

Submit an Emergency Grievance.

All 12 random resident interviewees are able to cite at least two methods available to them for reporting. Options include:

A verbal report to staff;

Written report to staff;

Contact GFTC;

Submit an emergency grievance; and

Third-party report.

As previously addressed in the narrative for 115.233, posters (regarding procedures for reporting sexual abuse/harassment of residents) are available throughout the facility. Additionally, the Passages Resident Handbooks and P483 contain accurate information enabling residents to properly report a sexual abuse/harassment allegation.

In view of the above, the auditor finds Passages substantially compliant with 115.251(a).

115.251(b)

Pursuant to the PAQ, the Director self reports the agency provides 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.

ALT Policy and Procedural Statement SOP K24P entitled Resident Handbook, page 7, section entitled Sexual Harassment/PREA addresses 115.251(b). The auditor notes that the same information is also provided within the other three Resident Handbooks. Additionally, ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(D)(1)(d) addresses 115.251(b).

The auditor's review of the MOU between ALT, Inc. and GFTC reveals substantial compliance with 115.251(b). It appears this MOU represents a reciprocal agreement

relative to 115.251(b) reporting and turnaround of such reports.

Pursuant to the auditor's review of the resources mentioned in the narrative for 115.251(a), GFTC is the most prevalent validation of compliance with 115.251(b). According to the APC, residents can call or write the GFTC to report sexual abuse or harassment. The same is addressed on posters, in the Passages Resident Handbooks and P483, and during orientation. Sexual abuse reports are forwarded to the APC.

At 8:43AM on February 26, 2025, the auditor did test the GFTC Hotline reporting system [(406)727-0944] and he spoke to staff manning the telephone at that number. The auditor did not key a pin or resident number into the telephone system to make the call. The call was placed on a resident telephone located in the 2nd Floor resident telephone bank. The auditor deemed the test to be a success. The APC received a report from the GFTC point of contact regarding the call at 9:00AM on February 26, 2025.

The APC asserts that personal information (pin number, register number, telephone card number, etc.) is not required from the resident when making this telephone call and the auditor validated the same during the above test. Thus, the telephone call can be made anonymously. Additionally, ten of 12 random resident interviewees state that residents are allowed to make a report without having to give their name.

In view of the above, the auditor finds Passages substantially compliant with 115.251(b).

#### 115.251(c)

Pursuant to the PAQ, the Director self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Director also self reports staff are required to document verbal reports "immediately" following receipt of the same.

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 7 and 8, sections IV(I)(1 and 9) addresses 115.251(c). Additionally, ALT Policy and Procedural Statement ALT K24P entitled Resident Handbook, page 7, section entitled Sexual Harassment/PREA addresses 115.251(c). The same information is also provided in the other three versions of the Resident Handbook.

All 12 random staff interviewees assert when a resident alleges sexual abuse, he can do so verbally, in writing, anonymously, and from third parties. All 12 interviewees assert they immediately document any verbal reports of sexual abuse/harassment received from residents.

All 12 random resident interviewees assert reports of sexual abuse/harassment can be made both in person and in writing. Furthermore, ten of 12 interviewees assert a friend or relative can make the report for the resident without giving her name.

	<p>In view of the above, the auditor finds Passages substantially compliant with 115.251(c).</p> <p>115.251(d)</p> <p>Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The APC asserts that all staff can request to talk to their immediate supervisor or CA-in-Charge, the APC, their supervisor, the Director, or the CEO in private to discuss the report they received.</p> <p>Staff are routinely reminded to not discuss resident related or security related topics in areas where residents may be able to hear the conversation. Staff are alerted to reporting procedures pursuant to PreService and In-Service training.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, page 7, section IV(I)(1)(a) addresses 115.251(d). Additionally, ALT Policy and Procedural Statement SOP ALT H1 entitled Employee Handbook, pages 29-31 addresses 115.251(d)</p> <p>All 12 random staff interviewees are able to cite at least one method of privately reporting sexual abuse/harassment of residents. Methods cited are:</p> <p>Placement of a telephone call or e-mail to the CA-in-Charge/Director/DD/OS/PS/APC;</p> <p>Closed door meeting with the above staff;</p> <p>Contact GFTC;</p> <p>Submit a written report; and</p> <p>Submit a third-party report.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.251(d).</p> <p>Given the lack of adverse findings with respect to each standard provision, the auditor finds Passages substantially compliant with 115.251.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.252(a)

Pursuant to the PAQ, the Director self reports the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

The APC asserts that residents may use the grievance process for reporting an alleged sexual abuse incident at any time, as well as, use other reporting methods.

ALT Policy and Procedural Statement SOP L18S entitled Resident/Client Grievance Policy, page 5, section entitled Emergency Grievance addresses 115.252(a).

In view of the above, the auditor finds Passages substantially compliant with 115.252(a).

#### 115.252(b)

Pursuant to the PAQ, the Director self reports agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

The APC asserts that the reporting resident may use the grievance process for reporting an alleged sexual abuse at anytime. The auditor notes that the above is commensurate with the policy articulated in the narrative for 115.252(a).

The APC also asserts that reporting of incidents of sexual abuse is not handled through the informal grievance process. All grievances filed regarding an alleged incident of sexual abuse are reviewed by the grievance coordinator and automatically sent to the facility director.

In view of the above, the auditor finds Passages substantially compliant with 115.252(b).

#### 115.252(c)

Pursuant to the PAQ, the Director asserts agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The APC asserts that reporting of incidents of sexual abuse is not handled through an informal grievance process. Specifically, all grievances filed regarding an alleged incident of sexual abuse are automatically forwarded to the facility Director. by the receiving staff member.

PREA Packet P483 page 5, section entitled Resident Reporting, section B(1) addresses 115.252(b). The APC asserts that reporting incidents of sexual abuse is not handled through the informal grievance process. All grievances filed regarding an alleged incident of sexual abuse are immediately forwarded to the facility director by the receiving staff member. Additionally, Alternatives, Inc. Policy and Procedural Statement SOP K24P entitled Resident Handbook, page 7, section entitled Sexual Harassment/PREA addresses 115.252(c). The same provisions are reflected in the three Resident Handbooks associated with the other three programs

represented at Passages (K40P, K47P, and K04P).

Pursuant to the PAQ, the Director self reports that the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Further, the Director asserts the agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA, page 4, section IV(D)(1)(c) addresses 115.252(c).

The APC asserts residents are instructed that submitting a grievance or a report of sexual abuse/harassment does not have to be reported to the staff member who is subject of the complaint. They can contact any other staff or place the report in the locked grievance box. This caveat is clearly captured in the aforementioned PREA Handbook citation on pages 7 and 8 of Policies K24P, K40P, K47P, and K04P.

The auditor notes that during the facility tour, he validated that grievance boxes were secured and located on each floor.

In view of the above, the auditor finds Passages substantially compliant with 115.252(c).

115.252(d)

Pursuant to the PAQ, the Director self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Director further self reports that an extension of 70 days may be taken to address the matter, if required, and documentation of the extension, inclusive of notice of the date by which a decision will be made, is provided to the resident. During the last 12 months, zero grievances were filed that alleged sexual abuse.

Alternatives, Inc. Policy and Procedural Statement SOP L18S entitled Resident/Client Grievance Policy, page 4, section IV(Q) addresses 115.252(d).

The APC asserts that zero of the four residents who reported a sexual abuse/harassment incident at Passages during the last 12 months, were housed at the facility during the on-site audit. The auditor notes that one sexual abuse incident was reported to have occurred at Passages during the last 12 months and the victim was not housed at Passages at the time of the onsite visit. Three of the four allegations were determined to be sexual harassment.

As the auditor received a pre-onsite visit letter from a resident who was subjected to sexual abuse during the last 18 months, the auditor did interview that individual. At such time as the discussion of the incident commenced, the resident refused further conversation. Accordingly, this interview could not be concluded.

Additionally, the auditor notes that one random resident interviewee alleged she had been subjected to sexual abuse at Passages during the last 12 months. Based on the allegation(s), the auditor determined that the fact pattern is more reflective of sexual harassment. Despite the above, the resident's interview proceeded as one affecting a resident who reported sexual abuse at Passages.

The auditor did review an investigation prepared by the APC regarding grievance(s) filed regarding alleged sexual abuse incident(s). The APC determined that the fact pattern was more reflective of a staff boundaries issue, as opposed to, a sexual abuse incident. The auditor concurs with the assessment and finds 115.252 to not be applicable.

In view of the above, the auditor finds Passages substantially compliant with 115.252(d).

#### 115.252(e)

Pursuant to the PAQ, the Director asserts agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The Director further self reports that zero grievances alleging sexual abuse were filed by residents during the last 12 months wherein the resident declined third-party assistance.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA, page 5, sections IV(D)(1)(f) and IV(D)(2) address 115.252(e).

In view of the above, the auditor finds Passages substantially compliant with 115.252(e).

#### 115.252(f)

Pursuant to the PAQ, the Director self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The Director further self reports agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse also requires that a final agency decision be issued within 5 days. Zero emergency grievances alleging substantial risk of imminent sexual abuse were filed in the last 12 months.

Alternatives, Inc. Policy and Procedural Statement SOP L18S entitled Resident/Client

	<p>Grievance Policy, page 5, section entitled Emergency Grievance (a) addresses 115.252(f).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.252(f)</p> <p>115.252(g)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the last 12 months, zero resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p>Alternatives, Inc. Policy and Procedural Statement SOP L18S entitled Resident/Client Grievance Policy, page 6, section entitled Emergency Grievance (e) addresses 115.252(g). Additionally, Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(D)(5) addresses 115.252(g).</p> <p>In view of the above, the auditor finds that Passages is substantially compliant with 115.252(g).</p> <p>Given the lack of adverse findings regarding 115.252 requirements, the auditor finds Passages substantially compliant with 115.252.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.253(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p>Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and</p> <p>Enabling reasonable communication between residents and these organizations in as confidential manner as possible.</p>

ALT Policy and Procedural Statement SOP K24P entitled Resident Handbook, page 7, section entitled Sexual Harassment/PREA addresses 115.253(a). SOPs K40P, K47P, and K04P address the same provision within the other three programs under the Passages umbrella. Additionally, ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 4 and 5, section IV(D)(1)(e) addresses 115.253(a). Finally, Alternatives, Inc. P483 PREA Packet Standard Intake Orientation (resident), page 2, section B(1)(c) addresses 115.253(a).

The APC asserts that the address for the Billings YWCA Gateway Program is in the PREA Orientation document and Resident Handbook. Posters are also posted throughout the facility with the telephone number and address of the Billings YWCA Gateway Program via the No Means No and Zero Tolerance posters. Additionally, a memorandum poster (English and Spanish) entitled PREA: Resident Access to Support Services is likewise generously posted throughout the facility. All CMs, LACs, LCPCs, LCSWs, and security staff have the information to provide to residents. Of note, the auditor validated the above pursuant to review of the aforementioned policies, orientation materials, handbooks, and posters. All information is consistent and accurate.

Eleven of 12 random resident interviewees state there are services available outside the facility for dealing with sexual abuse, if the resident needed them. Four interviewees specifically cited services are available through the Billings YWCA Gateway program, counseling, Riverstone Health, or Frontier Health. The remaining six interviewees stated they were not aware of the names of specific services or the services provided.

Nine of 12 interviewees report such information is available in the various Passages Resident Handbooks, the P483, review of posters throughout the facility, or pursuant to conversation with staff. All 12 interviewees assert the telephone calls are free of charge and the telephone calls can be made at any time or during telephone hours or with staff assistance if outside telephone hours. The auditor notes that pre-release residents possess cell phones and telephones are available for resident use on each program and floor.

The APC states that the telephone system does not require any PIN or registration number or any identifying information for the resident to contact the Billings YWCA Gateway program. Additionally, telephone calls are not monitored or listened to by staff. Of note, such telephone calls are free of charge.

At approximately 9:02PM on March 26, 2025, the auditor tested the Billings YWCA Gateway telephone line [(406)245-4472]. The call was facilitated from the 3rd Floor resident telephone and the same was operational. The telephone call was placed in the absence of a need for identifying information, the telephone line was operational, and the telephone call went to voice mail. The No Means No poster, bearing the correct telephone number, was posted in the room near the telephone. The auditor determined that the test was acceptable.

Of note, the auditor interviewed one resident who reported a sexual abuse incident at Passages, as well as, one resident who reported a sexual harassment allegation

at Passages. The resident who reported the sexual abuse incident at Passages interviewee had written a letter to the auditor regarding a matter not related to the sexual abuse incident and accordingly, the auditor elected to interview her. The auditor notes that the interviewee ultimately elected to terminate the interview as discussion commenced regarding the sexual abuse incident.

Despite the fact that 115.253(a) requirements are not applicable to sexual harassment cases, the auditor continued the interview with the random resident who reported sexual harassment incident at Passages. Given that the fact pattern of the incident constituted sexual harassment, the interviewee was not asked if she desired VA assistance. However, she was offered a meeting with mental health staff which she declined. The interviewee was aware that she could contact Billings YWCA Gateway Program during telephone hours, as well as, with staff assistance.

In view of the above, the auditor finds Passages substantially compliant with 115.253(a).

#### 115.253(b)

Pursuant to the PAQ, the Director self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Director further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

The auditor's review of a PREA Packet document entitled Passages PREA Index (P483), page 4, section B(1)(c)(2) (completed during the last PREA Audit corrective action period) reveals requisite language necessary for provision to residents at intake. This updated information is also included in all four Passages Resident Handbooks. Finally, a posted memorandum entitled Outside Confidential Support Services Memorandum (presented in English and Spanish) reflects the same information as the P483, page 4, section B(1)(c)(2).

The APC asserts that staff, during regular meetings with the resident, will remind the residents that they are mandatory reporters for certain types of disclosures.

Residents are provided a notice that discussions with Billings YWCA Gateway Program VAs are confidential and will only be shared with Passages staff if the resident signs a release. Posters remind residents that Passages VAs and Billings YWCA Gateway Program staff are mandatory reporters.

Eleven of 12 random resident interviewees state that what is said to people from the outside services remains private. Six of 11 interviewees state such conversations could be told to or listened to by someone else in the event self injurious threats or criminal activity is discussed. At the conclusion of each interview wherein the interviewee was unaware of the appropriate responses to

these questions, the auditor provided correct response(s) and directed the interviewee(s) to resources for further review.

Of note, the auditor interviewed one resident who reported a sexual abuse incident at Passages, as well as, one resident who reported a sexual harassment allegation at Passages. The resident who reported the sexual abuse incident at Passages interviewee had written a letter to the auditor regarding a matter not related to the sexual abuse incident and accordingly, the auditor elected to interview her. The auditor notes that the interviewee ultimately elected to terminate the interview as discussion commenced about the sexual abuse incident.

Despite the fact that 115.253(a) requirements are not applicable to sexual harassment cases, the auditor continued the interview with the random resident who reported a sexual harassment incident at Passages. The interviewee states that what is said to people from the outside services remains private and there are no exceptions.

In view of the above, the auditor finds Passages substantially compliant with 115.253(b).

115.253(c)

Pursuant to the PAQ, the Director self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The Director further self reports the facility maintains a copy of the agreement.

The auditor's review of the MOU between ALT and the Billings YWCA Gateway Program reveals the same is commensurate with 115.253 provisions.

In view of the above, the auditor finds Passages substantially compliant with 115.253(c).

Given the absence of adverse findings associated with the above standard provisions, the auditor finds Passages substantially compliant with 115.253.

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.254(a)

Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The APC asserts that pursuant to the MOU with GFTC, a third party can contact the GFTC who, in turn, notifies the APC.

The APC further asserts that posters and handbooks contain the information the residents can provide to any 3rd party to report to GFTC, the APC, the Director, CEO, or any staff member. The agency website PREA Tab has links to this information, PREA policies, and the names/contact numbers for the APC and PCM/Director of each facility.

Posters and Handbooks contain the information the resident can provide to any 3rd party to report to GFTC, the APC, the Director, CEO, or any staff member. The Director further self reports the agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

The APC asserts Policy ALT A22 contains contact information for 3rd parties and the same is published on the agency website, as is the MOU for GFTC. The names and contact information for the APC and Director of each facility are also linked on the website. The ALT website provides information regarding third-party reporting options. The auditor did validate the above pursuant to review of the Passages website.

The auditor did observe a PREA poster reflecting sexual abuse/harassment reporting telephone numbers as he registered at the facility entrance. Of note, this is the entrance facility visitors would use.

At 8:43AM on February 26, 2025, the auditor did test the GFTC Hotline reporting system [(406)727-0944] and he spoke to staff manning the telephone at that number. The auditor did not key a pin or resident number into the telephone system to make the call. The call was placed on a resident telephone located in the 2nd Floor resident telephone bank. The auditor deemed the test to be a success. The APC received a report from the GFTC point of contact regarding the call at 9:00AM on February 26, 2025.

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 4 and 5, section IV(D)(1)(a,d, and f) addresses 115.254(a).

In view of the above, the auditor finds Passages substantially compliant with 115.254.

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.261(a)

Pursuant to the PAQ, the Director self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against residents or staff who reported such an incident; or

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

While ALT Policy and Procedural Statement ALT A22 entitled PREA, page 7, section IV(I)(1)(a) requires immediate reporting, according to agency policy, of any knowledge, suspicion, or information received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, the last tenet of the 115.261(a) requirement is not addressed. Specifically, retaliation against residents or staff who reported such an incident is not addressed in this staff reporting requirement.

While the requirements that residents be provided protection from retaliation, staff's right to be free from retaliation, protection of the alleged victim or staff from retaliation are addressed in other portions of ALT22 and other policies, the staff reporting requirement for retaliation against residents or staff who reported such an incident is not specifically addressed. As reflected in the following paragraph, all 12 staff interviewees were clearly aware of the totality of their reporting requirements. Accordingly, the auditor concludes that staff have been trained regarding the same.

Given the prescriptive nature of the standard provision as described above, policy must align with provision requirements. Accordingly, the auditor finds Passages non-compliant with 115.261(a) and a 180-day corrective action period is imposed. The corrective action due date is December 14, 2025.

To demonstrate compliance with 115.261(a), the APC will amend ALT Policy and Procedural Statement ALT A22 entitled PREA, page 7, section IV(I)(1)(a) to include staff reporting of retaliation against residents or staff who reported such an incident. Upon completion of the same, the APC will upload the amended policy into OAS and the auditor will review the same for compliance. Given the fact that staff are clearly aware of their reporting requirements, the auditor finds no basis for additional staff training.

All 12 random staff interviewees state the agency requires all staff to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility; any retaliation against residents or staff who reported such an incident; and any neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Furthermore, all 12 interviewees state policy requires immediate reporting to the Director, APC, their supervisor, CA-in-Charge, or CA Supervisor.

In view of the above, the auditor finds Passages non-compliant with 115.261(a).

December 5, 2025 Update:

The auditor's review of the above policy provision reveals that the required addition has been added to the same. Accordingly, the auditor now finds Passages substantially compliant with 115.261(a).

115.261(b)

Pursuant to the PAQ, the Director self reports that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The APC asserts that all staff review and sign the Statement of Confidentiality at the time of employment. The Employee Handbook has a complete section on confidentiality and the PREA policy reiterates the need for confidentiality when dealing with reports of sexual abuse and harassment.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 10, section IV(L)(2)(e) addresses 115.261(b). ALT Policy and Procedural Statement SOP H1 entitled Employee Handbook, page 31, section entitled Confidentiality also addresses 115.261(b). In addition to the above, all staff review and sign the Statement of Confidentiality of Client Information (ALT 29) and (SO62) at the time of employment.

The auditor's PAQ review of three completed (two ALT 29 forms and one SO62 form) reveals substantial compliance with 115.261(b). These documents are maintained in employee files in the Human Resources (HR) Department. The files are maintained in locked file cabinets behind a locked office door.

In view of the above, the auditor finds Passages substantially compliant with 115.261(b).

115.261(c)

Pursuant to the PAQ, the Director self reports that unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at

the initiation of services.

Both the medical and mental health practitioner interviewees state that at the initiation of services, they disclose the limitations of confidentiality and their duty to report. The mental health interviewee states she verbally advises of the limitations of confidentiality. The medical interviewee states residents sign and date an Informed Consent at intake. Whenever a sexual abuse encounter occurs, Informed Consent is verbally reiterated and the same is documented in the notes.

Both interviewees state they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. Both interviewees state they would report the same to the APC, DD/OS, and/or Director. The medical interviewee has not personally become aware of such incidents, however, the mental health interviewee states a resident did report being hit in the breasts and genitals and she reported the same to the APC.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 8, section IV(I)(7) addresses 115.261(c).

In view of the above, the auditor finds Passages substantially compliant with 115.261(c).

115.261(d)

Pursuant to the PAQ, the Director asserts that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Both the Director and APC assert zero residents under the age of 18 are housed at Passages. In regard to MDOC vulnerable adults, incidents of sexual abuse would be reported to both MDOC and possibly, the Department of Public Health and Human Services (DPHHS) in accordance with MDOC direction. With respect to FBOP residents, such report(s) would be made to the RRM.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 7, section IV(I)(1) addresses 115.261(d).

In view of the above, the auditor finds Passages substantially compliant with 115.261(d).

115.261(e)

Pursuant to the PAQ, the Director self reports that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility's designated investigators.

	<p>The Director asserts all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the designated facility investigator(s). The Director asserts she receives all reports of sexual abuse/harassment and she immediately contacts the APC. The APC subsequently determines which of the two investigators will investigate.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.261(e).</p> <p>Given the corrective action noted in the narrative for 115.261(a) and the absence of findings with respect to all other 115.261 provisions, the auditor now finds Passages substantially compliant with 115.261.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.262(a)</p> <p>Pursuant to the PAQ, the Director self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Director further self reports in the last 12 months, there was zero instances wherein facility staff determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(F) addresses 115.262(a).</p> <p>The Agency Head interviewee advises immediate removal of the potential victim from the danger zone and removal of the perpetrator, from the facility if known, constitute the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The contractual requirements of the governmental partner(s) will dictate the ability to transfer both the potential victim and potential perpetrator.</p> <p>The Director asserts when a staff member learns a resident is at risk of imminent sexual abuse, she is removed from the danger zone and placed in a safe place under staff supervision while the fact pattern is developed. If there is substantial evidence of the threat of imminent sexual abuse, the Director would work through</p>

	<p>the CEO in an effort to remove the alleged perpetrator, if known, from the Passages resident population. If, based on circumstances, movement of the victim to another non-ALT facility is necessary, the Director works with the CEO to facilitate the same through MDOC or FBOP officials.</p> <p>The APC asserts that if staff become aware of a resident substantially at risk of imminent sexual abuse, they will notify their supervisor during regular business hours or the In-Charge CA who will notify the agency On-Call, agency Mental Health On-Call, and agency Medical On-Call staff if after hours. Staff will move the resident to the CA office, nursing office, multi-purpose room or staff office to begin assessing the needs of the resident. Additional staff will be called in to assist as needed.</p> <p>All 12 random staff interviewees corroborate the assertions of the Agency Head and the Director to the extent the potential victim would be immediately removed from the danger zone.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.262.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.263(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy requiring that, upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Director further self reports in the last 12 months, the facility received three allegations that a resident was sexually abused while confined at another facility.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(D)(1)(g) addresses 115.263(a).</p> <p>The auditor's review of memorandums of sexual abuse reports dated August 22, 2024, September 12, 2024, and February 7, 2025 and follow-up written letters to affected Wardens/Directors from the Passages Director reveals the same were completed in a timely fashion pursuant to 115.263(a) and (b) requirements. Specifically, the follow-up letters were dated August 22, 2024, September 13, 2024, and February 10, 2025 respectively.</p> <p>The auditor notes that the above is well documented and available for review in</p>

OAS.

In view of the above, the auditor finds Passages compliant with 115.263(a).

115.263(b)

Pursuant to the PAQ, the Director self reports agency policy requires that the facility head provides such notification as soon as possible but no later than 72 hours after receiving the allegation.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(D)(1)(g) addresses 115.263(b).

The auditor's review of memorandums of sexual abuse reports dated August 22, 2024, September 12, 2024, and February 7, 2025 and follow-up written letters to affected Wardens/Directors from the Passages Director reveals the same were completed in a timely fashion pursuant to 115.263(a) and (b) requirements.

Specifically, the follow-up letters were dated August 22, 2024, September 13, 2024, and February 10, 2025 respectively.

The auditor notes that the above is well documented and available for review in OAS.

In view of the above, the auditor finds Passages substantially compliant with 115.263(b).

115.263(c)

Pursuant to the PAQ, the Director self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(D)(1)(g) addresses 115.263(c).

The auditor's review of memorandums of sexual abuse reports dated August 22, 2024, September 12, 2024, and February 7, 2025 and follow-up written letters to affected Wardens/Directors from the Passages Director reveals the same were completed in a timely fashion pursuant to 115.263(a) and (b) requirements.

Specifically, the follow-up letters were dated August 22, 2024, September 13, 2024, and February 10, 2025 respectively.

The auditor notes that the above is well documented and available for review in OAS.

In view of the above, the auditor finds Passages substantially compliant with 115.263(c).

	<p>115.263(d)</p> <p>Pursuant to the PAQ, the Director self reports facility policy requires that allegations received from other facilities/agencies regarding incidents originating at Passages are investigated in accordance with PREA standards. The Director further self reports in the last 12 months, zero allegations of sexual abuse originating at Passages, were received from other facilities.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, page 3, section IV(B)(2)(b) addresses 115.263(d).</p> <p>The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that allegedly occurred within an Alternatives, Inc. facility, the APC is generally the administrator who receives the call. Subsequent to receipt of such a call, the APC would advise the Director of the facility, CEO, and partner agency authorities and he (the APC) would open an investigation. The investigation would be opened following guidance from the partner agency. Dependent upon the circumstances, the investigator would initiate an administrative investigation or contact BPD to initiate a criminal investigation.</p> <p>According to the Director, when an allegation is received from another facility regarding an incident that allegedly occurred at Passages, a full investigation would be initiated pursuant to standard operating procedure. The Director asserts one such referral was received within the last 12 months, however, the auditor has not identified any such referrals nor has he been provided the same.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.263(d).</p> <p>Given the lack of any adverse findings related to any of the 115.263 provisions, the auditor finds Passages substantially compliant with 115.263.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.264(a)

Pursuant to the PAQ, the Director self reports the agency has a first responder policy for allegations of sexual abuse. Specifically, upon learning of an allegation a resident was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.

The Director further self reports that zero sexual abuse incidents occurred at Passages during the last 12 months. However, the auditor's review of one of the four sexual abuse/harassment investigations conducted during the last 12 months reveals that the staff perpetrator was no longer employed at Passages when the evidence was discovered. Given the fact pattern of the alleged incident, a forensic examination was not prudent given the time between the alleged incident and the date of discovery.

Of note, the auditor interviewed one resident who reported a sexual abuse incident at Passages, as well as, one resident who reported a sexual harassment allegation at Passages. The resident who reported the sexual abuse incident at Passages interviewee had written a letter to the auditor regarding a matter not related to the sexual abuse incident, in question, and accordingly, the auditor elected to interview her. The auditor notes that the interviewee ultimately elected to terminate the interview as discussion commenced about the sexual abuse incident.

Despite the fact that 115.264 requirements are not applicable to sexual harassment cases, the auditor continued the interview with the random resident who reported sexual harassment at Passages. The victim of this incident stated staff expediently addressed her allegation. Specifically, the APC and DD/OS questioned her, offered a meeting with mental health staff, and offered support.

ALT Policy and Procedural Statement SOP K32S entitled First Responder, pages 2 and 3, section IV(A)(8) addresses 115.264(a). Pursuant to research, the auditor notes that page 6 of ALT Policy and Procedural Statement ALT A22, section IV(F)(4) also validates compliance with 115.264(a).

Six of seven random CA staff (security) interviewees and the security staff first responder interviewee were able to correctly identify all four first responder (evidence preservation) tasks and all five non-security random interviewees

properly identified the two tasks for which they are responsible.

The auditor notes that non-security staff 1st responders are responsible for requesting that the victim not destroy physical evidence and subsequent reporting to security staff. The non-security first responder interviewee correctly asserted the above.

In view of the above, the auditor finds Passages substantially compliant with 115.264(a).

116.264(b)

Pursuant to the PAQ, the Director self reports agency policy requires that if the first responder is not a security staff member, that responder shall be required to:

Request the alleged victim not take any actions that could destroy physical evidence; and

Notify security staff.

The Director further self reports zero incidents of sexual abuse wherein the first responder was a non-security staff member, occurred within the last 12 months. The auditor's review of one sexual abuse case and three sexual harassment cases validates the Director's assertion.

Of note, the auditor has not been provided any policy citations wherein non-security staff 1st responder duties are articulated however, the auditor's review of the PREA Non-Security Staff Quick Reference Card reveals substantial compliance with 115.264(b). Given the lack of policy specificity in terms of non-security first responders, the auditor finds that 115.264(b) requirements must be addressed in policy. Since the specific 115.264(a) and (b) security and non-security first responder duties are utilized at Passages, policy must reflect the differentiation in responsibilities. The same is required pursuant to provision language.

In view of the above, the auditor finds Passages non-compliant with 115.264(b). Accordingly, the auditor imposes a 180-day corrective action period wherein the APC will amend ALT A22 entitled PREA and ALT Policy and Procedural Statement SOP K32S entitled First Responder to coincide with 115.264(b). The corrective action due date is December 14, 2025.

To demonstrate compliance with 115.264(b), the APC will amend the above policies to coincide with 115.264(b) language. In other words, 115.264(b) language will be added to the aforementioned policies. Upon completion of the same, the APC will upload the amended policies into OAS. Given the fact that staff are clearly aware of their reporting requirements, the auditor finds no basis for additional staff training.

The APC asserts that during New Employee Orientation, 1st responder duties are discussed with all new employees. The Security Staff and Non-Security Staff quick

reference cards are provided to each employee based on their job duties. Discussion is held for both types of 1st responders, discussion/training is completed, and delineation of responsibilities is addressed.

All 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation.

Six of seven random CA staff (security) interviewees and the security staff first responder interviewee were able to correctly identify all four first responder (evidence preservation) tasks and all five non-security random interviewees properly identified the two tasks for which they are responsible.

The auditor notes that non-security staff 1st responders are responsible for requesting that the victim not destroy physical evidence and subsequent reporting to security staff. The non-security first responder interviewee correctly asserted the above.

In view of the above, the auditor finds Passages non-compliant with 115.264(b).

Given the adverse finding as articulated in the narrative for 115.264(b), the auditor finds Passages non-compliant with 115.264.

December 5, 2025 Update:

The auditor's review of ALT A22 entitled PREA and ALT Policy and Procedural Statement SOP K32S entitled First Responder reveals that the requisite non-security staff first responder language has been added to coincide with 115.264(b). Accordingly, the auditor now finds Passages substantially compliant with 115.264(b).

Given the corrective action completion as identified in the preceding paragraph and the absence of additional findings, the auditor now finds Passages substantially compliant with 115.264.

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>115.265(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 5, section IV(F) through page 9, section IV(K) addresses 115.265(a). The auditor's review of this plan, in addition to the aforementioned policy citations, reveals a comprehensive and substantive plan to enable proper staff response to an incident of sexual abuse and the same is uniquely relevant to Passages.</p> <p>According to the Director, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Policy provides comprehensive guidance and the ALT 219 Sexual Assault Response Checklist, as well as, the MDOC Sexual Assault Checklist, captures important dates, times, and information.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.265.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.266(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. During the on-site audit, the auditor confirmed this assertion.</p> <p>The Agency Head and Director self report there is no collective bargaining agreement at Passages.</p> <p>Since the auditor finds no Passages deviation from standard, compliance with 115.266 is established.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 437 378">115.267(a)</p> <p data-bbox="280 412 1481 568">Pursuant to the PAQ, the Director self reports the agency has 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.</p> <p data-bbox="280 613 1461 725">According to the PAQ, the Director self reports a PREA investigator designates a (case manager) or other staff member as the retaliation monitor for residents. The investigator or a supervisor will be designated as the retaliation monitor for staff.</p> <p data-bbox="280 736 1481 938">The same is articulated in the below policy. All residents and staff are provided with training that includes information about being free from retaliation for reporting an incident or cooperating with a PREA investigation. The APC asserts that any staff delegated as a retaliation monitor receives training specific to that assignment prior to assumption of duties.</p> <p data-bbox="280 972 1469 1218">ALT Policy and Procedural Statement ALT A22 entitled PREA, page 4, section IV(C) addresses 115.267(a). Additionally, Alternatives, Inc. Policy and Procedural Statement ALT A29 entitled Internal PREA Investigator Description &amp; Duties, page 2, section 4(B) addresses 115.267(a). The administrative sexual abuse investigator(s) or a case manager will serve as the retaliation monitor for residents, dependent upon the circumstances.</p> <p data-bbox="280 1263 1469 1420">The Director asserts that zero sexual harassment allegations were investigated during the last 12 months. However, pursuant to the auditor's review of four sexual abuse/harassment investigations, the auditor finds that one sexual abuse investigation was unsubstantiated.</p> <p data-bbox="280 1464 1362 1532">In view of the above, the auditor finds Passages substantially compliant with 115.267(a).</p> <p data-bbox="280 1644 437 1677">115.267(b)</p> <p data-bbox="280 1711 1353 1778">ALT Policy and Procedural Statement ALT A22 entitled PREA, page 6, section IV(G)(2)(d) addresses 115.267(b).</p> <p data-bbox="280 1823 1430 1980">According to the Agency Head interviewee, staff and residents who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to weekly retaliation monitoring check-ins (residents/staff). Staff and residents are trained regarding retaliation and the fact there is zero tolerance for the same.</p> <p data-bbox="280 1991 1477 2069">Violators are admonished regarding the potential consequences of 115.267 retaliation. The APC oversees retaliation monitoring and delegates responsibility for</p>

the conduct of weekly meetings.

According to the Director and staff member charged with monitoring retaliation interviewees, the staff member charged with monitoring retaliation first works to ensure that the perpetrator is either removed from the floor or facility. If necessary, the victim may also be moved to another floor. An increase in mental health contacts and increased security rounds may also be employed. Minimally, weekly meetings with the victim are employed to assess any key indicators of retaliation. All meetings are documented on the Retaliation Monitoring form and in TOMS.

The staff member assigned retaliation monitoring duties (CMs, LACs, LCPCs, or LCSWs) receives training from the APC specific to retaliation monitoring. Prior to delegation of retaliation monitoring duties, the APC ensures that appropriate housing assignments are intact, inclusive of removing the perpetrator from the facility. He would also recommend the Employee Assistance Program (EAP) for affected staff and increased security rounds/emotional support for residents. If the perpetrator is a staff member, HR, the Director, and the CEO would collaborate regarding administrative leave imposition.

The APC meets with the victim and assigned retaliation monitor to address the retaliation monitoring process prior to invoking the same.

Of note, the auditor interviewed one resident who reported a sexual abuse incident at Passages within the last 18 months, as well as, one resident who reported a sexual harassment allegation at Passages. The resident who reported the sexual abuse incident at Passages interviewee had written a letter to the auditor regarding a matter not related to the sexual abuse incident and accordingly, the auditor elected to interview her. The auditor notes that the interviewee ultimately elected to terminate the interview when discussion commenced about the sexual abuse incident.

Despite the fact that 115.253(a) requirements are not applicable to sexual harassment cases, the auditor continued the interview with the random resident who reported sexual harassment at Passages. She states that she feels safe from staff and resident retaliation as the result of her report of sexual harassment.

In view of the above, the auditor finds Passages substantially compliant with 115.267(b).

115.267(c)

Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of residents or staff who report sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The Director further self reports retaliation monitoring is continued for at least 90 days or more, if necessary.

The APC asserts case managers or other designated staff and PREA investigators

monitor residents who have incurred sexual abuse at Passages and supervisory staff monitor staff victims of retaliation. Residents will also be provided mental health counseling in house or through the Billings YWCA Gateway Program or other outside services as necessary, without cost to the resident. Staff will be referred to the EAP program and may also participate in a crisis intervention stress management debriefing.

The facility does act promptly to remedy such retaliation and continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Director self reports retaliation has not occurred within the last 12 months.

ALT Policy and Procedural Statement ALT A29 entitled Internal PREA Investigator Description & Duties, page 2, section 4(B) addresses 115.267(c).

With respect to potential resident victims of retaliation, the Director and staff member charged with retaliation monitoring interviewees state they monitor the following as potential key indicators of retaliation:

Change(s) in resident behavior;

Change(s) in associations;

Changes in eating habits;

Hygiene decompensation;

Sleep deprivation;

Isolation;

Accrual of multiple disciplinary infractions (monitors would look for patterns in terms of the staff who are issuing disciplinary infractions); and

Failure to program/frequent program change requests.

With respect to potential staff victims of retaliation, the following key indicators are monitored:

Staff victims may display many of the above behaviors, in addition to, excessive or increased call-offs, an increase in shift change or post change requests, and an increase in disciplinary actions.

Of note, the Director asserts that if a facility change for the perpetrator is deemed to be prudent, she coordinates with the CEO for approval.

Weekly monitoring is continued for a minimum of 90 days however, the same may be extended in 30-day increments dependent upon the circumstances. There is no maximum time frame for retaliation monitoring as the same is based on progress and circumstances. Theoretically, monitoring could be continued until release. The APC or the Director makes the final decision regarding extension of retaliation monitoring.

The auditor's review of a blank Form ALT 220 entitled PREA Retaliation Monitoring Sheet reveals space for weekly entries (total of thirteen). As mentioned in the narrative for 115.267(c), formal monitoring is documented, minimally, on a weekly basis. The process and evidence of "actual practice" is described in the narrative. If additional random check-ins are required, the same would be documented accordingly.

The auditor's review of weekly retaliation monitoring notes for one resident who was found to have been sexually abused, reveals substantial compliance with 115.267(c). Specifically, 13 weekly entries, commencing on April 12, 2024 and concluding on July 5, 2024 were captured on the PREA Retaliation Monitoring Sheet. In-person meeting notes were clearly documented on the same.

The auditor notes that this incident constitutes one of two sexual abuse incidents reported during the last 18 months. With respect to the other sexual abuse allegation, there is no record of retaliation monitoring. Accordingly, the auditor finds Passages non-compliant with 115.267(c) as retaliation monitoring is only terminated when it is determined that an allegation is unfounded [See 115.267(f)]. Accordingly, retaliation monitoring is applicable to both substantiated and unsubstantiated cases.

In view of the above, the auditor is imposing a 180-day corrective action period wherein the APC will demonstrate substantial compliance with and institutionalization of 115.267(c) requirements. The corrective action due date is December 14, 2025.

To demonstrate compliance with and institutionalization of 115.267(c) requirements, the APC will provide training to the other sexual abuse/harassment investigator, as well as, the Passages Director, DD/OS, and retaliation monitors. The training will encompass those situations wherein retaliation monitoring is required (e.g. whenever a sexual abuse allegation is either substantiated or unsubstantiated), frequency of formal meetings and documentation requirements, specific areas to assess during these meetings, etc. The name of the training, date of provision, participant printed names and signatures, and instructor name(s) will be affixed to validation of training documentation and the same will be uploaded to OAS. Additionally, a copy of the lesson plan will be uploaded into OAS.

In addition to the above, the APC will provide to the auditor a roster of sexual abuse allegations investigated between the dates of this interim report and December 14, 2025. Copies of the investigation(s), notification(s) to victims pursuant to 115.273, all retaliation monitoring documentation, and the accompanying SAIR documentation will be uploaded to OAS. The auditor will subsequently render compliance finding(s).

In view of the above, the auditor finds Passages non-compliant with 115.267(c).

December 6, 2025 Update:

The auditor's review of the lesson plan, relevant policies, and the applicable provision standard regarding retaliation monitoring reveals substantial compliance with 115.267(c). This corrective action training was provided to 23 affected staff on November 17, 2025 and November 19, 2025. In addition to the above, the APC asserts that zero sexual abuse investigations requiring retaliation monitoring have been facilitated during the corrective action period.

Given completion of the requisite corrective action for 115.267(c), the auditor now finds Passages substantially compliant with the standard provision.

#### 115.267(d)

Pursuant to the PAQ, the Director asserts that in the case of residents, such monitoring shall also include periodic status checks.

The auditor's review of a blank Form ALT 220 entitled PREA Retaliation Monitoring Sheet reveals space for weekly entries (total of thirteen). As mentioned in the narrative for 115.267(c), formal monitoring is documented, minimally, on a weekly basis. The process and evidence of "actual practice" is described in the narrative. If additional check-ins are required, the same would be documented accordingly.

In view of the above, the auditor finds Passages substantially compliant with 115.267(d).

#### 115.267(e)

Pursuant to contact with the APC, he is not aware of any other incidents that occurred during the last 12 months wherein other individual(s), who cooperated with an investigation, expressed a fear of retaliation.

When a resident who cooperates with an investigation expresses a fear of retaliation, the Agency Head and Director interviewees assert they receive the same benefits and treatment as articulated in the narratives for 115.267(b-d) above.

In view of the above, the auditor finds Passages substantially compliant with 115.267(e).

Given the corrective action completion noted in the narrative for the 115.267(c) finding, as well as, the the absence of additional findings regarding other 115.267 provisions, the auditor now finds Passages substantially compliant with 115.267.

115.271	Criminal and administrative agency investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.271(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative sexual abuse/harassment investigations.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 3 and 4, section IV(B)(3); and pages 7 and 8, sections IV(I)(4 and 5) addresses 115.271(a).</p> <p>The APC asserts facility PREA investigators conduct the initial administrative investigation of alleged sexual abuse or sexual harassment. Criminal sexual abuse incidents are referred to BPD for investigation. The MDOC Investigations Bureau may also be a resource and they may choose to investigate in the event BPD declines the case.</p> <p>According to the administrative investigative staff interviewee, an investigation is initiated immediately following receipt of an allegation of sexual abuse/harassment, if he is on-site. If the sexual abuse allegation is reported during off-duty hours, he would immediately report to the facility to commence a sexual abuse investigation. Dependent upon the circumstances, he may report to the facility for a sexual harassment allegation however, minimally, he would direct on-duty supervisor(s) regarding relevant protocols, commencing the investigation the next day.</p> <p>In regard to anonymous or third-party reports of sexual abuse/harassment, the administrative interviewee states they are handled the same as any sexual abuse/harassment investigation.</p> <p>The auditor's review of the four sexual abuse/harassment investigations facilitated during the last 12 months reveals substantial compliance with 115.271. The auditor notes that two of the four investigations constitutes sexual abuse allegations while the two remaining investigations are considered sexual harassment allegations.</p> <p>The auditor notes that one staff-on-resident allegation has been investigated by both ALT administrative sexual abuse investigators and BPD investigators during the last 12 months. The criminal investigation has been paused at this point pending additional information.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.271(a).</p>
	<p>115.271(b)</p> <p>ALT Policy and Procedural Statement SOP A29 entitled Internal PREA Investigator Description and Duties, page 1, sections III and IV(A) addresses 115.271(b).</p>

The auditor's review of the training syllabus for the NIC course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting reveals the same addresses the requirements of 115.271(b). The auditor has reviewed this training syllabus in conjunction with other PREA audits.

According to the administrative investigative staff interviewee, he completed the Basic and Advanced three hour on-line NIC training courses entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. Some scenario based training was included in the same, as well as, a testing component.

According to the interviewee, he also completed an eight hour in-person MDOC sexual abuse investigative training. The administrative investigative staff interviewee asserts the courses included topics such as:

Execution of Miranda and Garrity warnings;

The evidence standard necessary to substantiate a case for administrative action or prosecution referral;

Techniques for interviewing sexual abuse victims; and

Sexual abuse evidence collection in confinement settings.

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

The auditor's review of three NIC certificates (two for the APC and one for the Deputy Director/OS) reveals substantial compliance with 115.271(b).

In view of the above, the auditor finds Passages substantially compliant with 115.271(b).

115.271(c)

Pursuant to the PAQ, investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victim(s), suspected perpetrator(s), and witness(es); and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The administrative investigative staff interviewee asserts the initial steps to initiate an investigation and time frames for implementation of each step are as follows:

Threshold questioning of the victim (0-30 minutes);

If the incident is criminal, in nature, notify BPD (15 minutes);

Check the crime scene 1st responder duties (15 minutes);

Brief interview with the perpetrator (0-30 minutes);

Review all reports (five to ten minutes per report);

Interview witnesses (ensure they are separated from one another and the rest of the population- 10-15 minutes per witness);

Review video (Up to two hours);

Review files, inclusive of PREA risk assessments and previous reports of sexual abuse/harassment (15-30 minutes);

and Write report (90-120 minutes).

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

Direct and circumstantial evidence the administrative investigative interviewee is responsible for collecting entails written statements, interview notes, video footage, and files. All physical evidence is collected by BPD investigator(s) or special evidence unit staff. In view of the above, the auditor finds Passages substantially compliant with 115.271(c).

#### 115.271(d)

Pursuant to the PAQ, when the quality of evidence appears to support criminal prosecution, the agency does not conduct compelled interviews as the same would only be facilitated by BPD investigators pursuant to their guidelines.

The administrative investigative staff interviewee states compelled interviews are not conducted by Passages staff. The same would be facilitated by BPD investigator(s) and accordingly, they would maintain contact with prosecutors.

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

In view of the above, the auditor finds Passages substantially compliant with 115.271(d).

115.271(e)

Pursuant to the PAQ, the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 9, section IV(J)(6) addresses 115.271(e).

In regard to credibility assessments relative to staff and resident witnesses, the administrative investigative staff interviewee states credibility is established based on the extent to which the victim's/witness'/perpetrator's statement matches the totality of evidence. Victim, witness, and perpetrator statements are deemed to be credible until proven otherwise. The interviewee further relates he would not, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

Of note, the auditor interviewed one resident who reported a sexual abuse incident at Passages, as well as, one resident who reported a sexual harassment allegation at Passages. The resident who reported the sexual abuse incident at Passages interviewee had written a letter to the auditor regarding a matter not related to the sexual abuse incident and accordingly, the auditor elected to interview her. The auditor notes that the interviewee ultimately elected to terminate the interview as discussion commenced about the sexual abuse incident.

Despite the fact that 115.271(e) requirements are not applicable to sexual harassment cases, the auditor continued the interview with the random resident who reported sexual harassment at Passages. The victim of this incident stated she was not subjected to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

In view of the above, the auditor finds Passages substantially compliant with 115.271(e).

115.271(f)

Pursuant to the PAQ, the Director asserts that administrative investigations:

Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

With respect to determining whether staff actions or failure to act contributed to the incident of sexual abuse, the administrative investigative staff interviewee states he assesses known facts against policy and ethical considerations. The interviewee states administrative investigations are documented in written reports. The reports generally address the following format:

Executive Digest, inclusive of timeline;

Chronological timeline of interviews/evidence until conclusion of the incident;

Staff and resident interview credibility analysis;

Video and file review findings;

Conclusion(s); and Finding(s).

The auditor notes that hard copies of any sexual abuse/harassment investigations are maintained in a locked cabinet in his locked office in another building. An electronic copy of such investigations is maintained on a password protected drive.

In view of the above, the auditor finds Passages substantially compliant with 115.271(f).

115.271(g)

Pursuant to the PAQ, criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The administrative investigative staff interviewee asserts criminal investigations are documented. Physical evidence credibility is also addressed in the criminal investigative report. Criminal investigations are not generally distributed to facility staff.

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical

staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

The Director asserts one incomplete Passages criminal investigation report has been provided to her during this audit period. The auditor's review of that incomplete report validates the Director's and APC's statements.

In view of the above, the auditor finds Passages substantially compliant with 115.271(g).

115.271(h)

Pursuant to the PAQ, the Director self reports BPD is responsible for referrals for prosecution of substantiated allegations of conduct that appear to be criminal. The Director further self reports zero criminal findings were referred for prosecution since the last PREA audit.

The APC asserts that BPD is the entity that investigates allegations that appear to be criminal. ALT advocates for all substantiated allegations to be referred for prosecution. If BPD determines they will not refer the matter for prosecution, MDOC will review and if warranted, the MDOC Investigations Bureau will contact the Yellowstone County Attorney in follow-up for prosecution. The final decision is with the Yellowstone County Attorney.

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

The administrative investigative staff interviewee asserts cases are referred for criminal investigation whenever the evidence and fact pattern points to the existence of a criminal code violation. Referrals for prosecution are generally facilitated by BPD when it appears the evidentiary standard has been met.

In view of the above, the auditor finds Passages substantially compliant with 115.271(h).

115.271(i)

Pursuant to the PAQ, the Director self reports the agency retains all written reports referenced in the above paragraphs of this section for as long as the alleged abuser

is incarcerated or employed by the agency, plus five years.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 10, section IV(M)(3) addresses 115.271(i).

The auditor has not identified any deviations from 115.271(i).

In view of the above, the auditor finds Passages substantially compliant with 115.271(i).

115.271(j)

Pursuant to the PAQ, the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 9, section IV(j)(5) addresses 115.271(j).

The administrative interviewee states he continues the investigation regardless of whether a staff member alleged to have committed a sexual abuse act terminates employment prior to a completed investigation into his/ her conduct and/or when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.

In view of the above, the auditor finds Passages substantially compliant with 115.271(j).

115.271(l)

Pursuant to the PAQ, when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The Director and APC assert the APC would maintain telephonic and electronic contact with the BPD investigator(s), checking on the status of criminal investigations. Follow-up contact is documented via email.

According to the administrative investigative staff interviewee, he acts as a liaison

	<p>or facilitator (e.g. addresses any evidentiary needs, interview coordination/scheduling, etc.) whenever BPD investigators investigate sexual abuse/harassment incident(s). He provides support throughout the process.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.271(l).</p> <p>Given the lack of adverse findings associated with the above narratives, the auditor finds Passages substantially compliant with 115.271.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.272(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, page 9, section IV(J)(2) addresses 115.272(a).</p> <p>As indicated in the narrative for 115.271(a), four sexual abuse/harassment allegations (one sexual abuse and three sexual harassment) were reported during the last 12 months. The auditor's review of those investigations reveals substantial compliance with both 115.271 and 115.272(a).</p> <p>The administrative investigative staff interviewee asserts he relies on a preponderance of evidence to substantiate allegations of sexual abuse/harassment. He asserts this equates to just over 50% of the totality of evidence or "more evidence is available leading to the conclusion the incident happened, than not."</p> <p>Despite two attempts to contact a criminal investigative interviewee, the auditor was not able to facilitate the requisite interview. The auditor telephonically discussed the need to interview a criminal sexual abuse investigator with clerical staff in the Investigations Division and the receiver of the call advised the auditor to forward an email to two separate detectives regarding the proposed interview. The auditor did forward the same to the identified detectives and a response was not received from either detective. Accordingly, the interview could not be facilitated.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.272.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 440 376">115.273(a)</p> <p data-bbox="280 416 1468 694">Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Director further self reports one unsubstantiated staff-on-resident administrative sexual abuse investigation was completed during the last 12 months.</p> <p data-bbox="280 734 1461 976">The auditor's review of an unsubstantiated investigation regarding an alleged 2024 staff-on-resident allegation reveals the same was unsubstantiated. A written notification dated April 3, 2024 reveals that the APC verbally disclosed the result of this investigation to the victim. Additionally, a written notification dated April 16, 2024 reveals that another resident was advised that her sexual abuse allegation was substantiated.</p> <p data-bbox="280 1016 1414 1093">ALT Policy and Procedural Statement ALT A29 entitled Internal PREA Investigator Description &amp; Duties, page 2, section IV(B) addresses 115.273(a).</p> <p data-bbox="280 1133 1477 1249">According to the Director, the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="280 1290 1449 1406">The investigative staff interviewee states he does notify a resident who makes an allegation of sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="280 1447 1477 1599">As previously referenced throughout this report, the auditor did attempt to interview a resident who had communicated to him, in writing, that she had been sexually abused at Passages. Following the general random resident interview, the resident refused to discuss her allegation and the interview was terminated.</p> <p data-bbox="280 1639 1362 1715">In view of the above, the auditor finds Passages substantially compliant with 115.273(a).</p> <p data-bbox="280 1823 440 1859">115.273(b)</p> <p data-bbox="280 1899 1468 2051">Pursuant to the PAQ, the Director self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The Director further self reports, in the last 12 months, one sexual abuse/harassment</p>

investigation was completed by an outside agency.

The auditor's review of one staff-on-resident sexual abuse investigation completed by BPD investigators reveals the same was terminated due to insufficient evidence. The auditor notes there was likewise insufficient evidence to make an administrative finding. The criminal determination is well established in the criminal report. Of note, there is evidence of communication between the criminal investigator and facility or ALT staff.

The MOU with BPD specifies on page 1, Section 1(a)(v) that upon request from ALT, BPD will submit a complete written report of all investigations, including copies of all documentary evidence where feasible. ALT uses this information to provide the resident with information of the substantiated, unsubstantiated, or unfounded conclusion of the BPD investigation.

The APC asserts that BPD provides Passages with relevant information to document their investigation following a request on agency letterhead faxed to their records department.

In view of the above, the auditor finds Passages substantially compliant with 115.273(b).

115.273(c)

Pursuant to the PAQ, the Director self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;

The staff member is no longer employed at the facility;

The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.

The Director asserts that one unsubstantiated staff-on-resident sexual abuse allegation has been received during the last 12 months. This applies to the unsubstantiated investigation referenced above. However, the auditor has not been provided any evidence of written notification to the resident as to whether:

The staff member is no longer posted within the resident's unit;

The staff member is no longer employed at the facility;

The agency learns the staff member has been indicted on a charge related to sexual

abuse within the facility; or

The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.

Accordingly, the auditor finds Passages non-compliant with 115.273(c) as such written notification is required in the event that the allegation is determined to be unsubstantiated. As there is no evidence that the same was provided to the victim, the auditor imposes a 180-day corrective action period wherein the APC will demonstrate substantial compliance with and institutionalization of 115.273(c) requirements. The corrective action due date is December 14, 2025.

To demonstrate substantial compliance with and institutionalization of 115.273(c) requirements, the APC will ensure that the requisite written notification is issued to the victim in all cases where the investigation is substantiated or unsubstantiated between the date of this interim report and December 14, 2025. A copy of such notification(s) will be uploaded into OAS and the auditor will assess compliance status. The APC will also alert the other sexual abuse/harassment investigator of this requirement and he will upload a copy of the email notification or memorandum into OAS.

ALT Policy and Procedural Statement ALT A29 entitled Internal PREA Investigator Description & Duties, page 2, section IV(B) addresses 115.273(c).

In view of the above, the auditor finds Passages non-compliant with 115.273(c).

December 6, 2025 Update:

The auditor's review of a 115.273(c) notification document (written notification) entitled PREA Investigation Finding clearly meets the requirements of 115.273(c) and (e). The same is specific and unique to the appropriate sexual abuse/harassment notification(s). Specific instructions regarding the nuances of such notifications are articulated in an email dated November 4, 2025 that was forwarded to stakeholders responsible for the implementation of 115.273 notifications.

In addition to the above, the APC/Investigator asserts that zero sexual abuse investigations requiring 115.273 notification(s) have been facilitated during the corrective action period.

Accordingly, the auditor now finds Passages substantially compliant with 115.273(c).

115.273(d)

Pursuant to the PAQ, the Director self reports that following a resident's allegation she has been sexually abused by another resident at Passages, the agency

subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

As previously referenced throughout this report, the resident who reported a sexual abuse incident at Passages refused to be interviewed when the interview shifted to specifics regarding the alleged incident. The auditor notes that evidence supporting indictment or conviction of the alleged perpetrator in this incident is not available. Accordingly, such written notification is not required.

In view of the above, the auditor finds Passages substantially compliant with 115.273(d).

115.273(e)

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to residents described under this standard are documented.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 9, section IV(K)(3) addresses 115.273(e). Additionally, ALT Policy and Procedural Statement ALT A29 entitled Internal PREA Investigator Description & Duties, page 2, section IV(B) addresses 115.273(e). This policy provision clearly requires that 115.273(a),(c), and (d) notifications are documented.

As previously mentioned, this standard applies only to sexual abuse allegations and there is evidence of one 115.273(a) notification however, there is no evidence that a 115.273(c) written notification was provided to the victim relative to the staff-on-resident incident. Accordingly, the auditor finds Passages non-compliant with 115.273(e).

The auditor imposes a 180-day corrective action period wherein the APC will demonstrate substantial compliance with and institutionalization of 115.273(e) requirements. The corrective action due date is December 14, 2025.

To demonstrate substantial compliance with and institutionalization of 115.273(c) and (e) requirements, the APC will also ensure that the requisite written notification is issued to the victim in all cases where the investigation is substantiated or unsubstantiated between the date of this interim report and December 14, 2025. A copy of such notification(s) will be uploaded into OAS and the auditor will assess compliance status. The APC will also alert the other sexual abuse/harassment investigator of this requirement and he will upload a copy of the email notification or memorandum into OAS.

In view of the above, the auditor finds Passages non-compliant with 115.273(e).

	<p>December 6, 2025 Update:</p> <p>The auditor's review of a 115.273(c) notification document (written notification) entitled PREA Investigation Finding clearly meets the requirements of 115.273(c) and (e). The same is specific and unique to the appropriate sexual abuse/harassment notification(s). Specific instructions regarding the nuances of such notifications are articulated in an email dated November 4, 2025 that was forwarded to stakeholders responsible for the implementation of 115.273 notifications.</p> <p>In addition to the above, the APC/Investigator asserts that zero sexual abuse investigations requiring 115.273 notification(s) have been facilitated during the corrective action period.</p> <p>Accordingly, the auditor now finds Passages substantially compliant with 115.273(e).</p> <p>Given the corrective action completion noted in the narratives for 115.273(c) and (e) and the absence of findings throughout the remaining 115.273 provisions, the auditor now finds Passages substantially compliant with 115.273.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276(a)</p> <p>Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>ALT Policy and Procedural Statement SOP H20 entitled Employee Discipline, page 2, section IV(A)(8), (9), (10), (12), and (14) addresses 115.276(a). Other applicable policy citations are as follows: ALT Policy and Procedural Statement SOP H43 entitled Fraternalization Policy, pages 1 and 3, sections I and IV(C); ALT Policy Procedural Statement SOP A17 entitled Sexual Harassment, page 3, sections IV(C)(5 and 6); ALT Policy and Procedural Statement SOP H1 entitled Employee Handbook, pages 8 and 9; and ALT Policy and Procedural Statement SOP H33 entitled Staff Conduct with</p>

Offenders, page 1, section IV(A)(1 and 2).

In view of the above, the auditor finds Passages substantially compliant with 115.276(a).

115.276(b)

Pursuant to the PAQ, the Director self reports in the last 12 months, two facility staff members were alleged to have violated agency sexual abuse/harassment policies. The Director further self reports one employee was either terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.

The auditor's review of the investigations regarding these allegations reveals that both are more reflective of sexual harassment allegations. In one matter, a probationary employee's employment was terminated and in the other case, disciplinary action was meted out. Despite the fact that the first investigation was unsubstantiated, HR staff determined that sufficient evidence was available to terminate the probationary employment of the perpetrator. While the other investigation was likewise unsubstantiated, discipline less than termination was meted out.

According to the APC, staff sign the employee handbook acknowledgment signifying they have received, read and understand the content of the same. With newer employees, the documents are electronically scanned into the PAYCOM system while the Handbook Acknowledgment form is maintained in the hard copy file of tenured employees. New staff also sign the ALT44 NCIC/CJIN 3 PREA questions, including allegations of past sexual harassment allegations; S14 Standards of Conduct form paragraph 9 regarding sexual misconduct with residents; S17 Fraternization & Conflict of Interest statement, 3rd Paragraph (initialed by staff) and form signed with acknowledgment statement; S11 PREA Orientation Statement of Understanding; and S15 Sexual Harassment Orientation Acknowledgment Form.

In view of the above, the auditor finds Passages substantially compliant with 115.276(b).

115.276(c)

Pursuant to the PAQ, the Director self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The Director further self reports that in the last 12 months, one facility staff member has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

ALT Policy and Procedural Statement SOP H20 entitled Employee Discipline, page 2, section IV(A)(8), (9), (10), (12), and (14) addresses 115.276(a). Other applicable policy citations are as follows: ALT Policy and Procedural Statement SOP H43 entitled Fraternalization Policy, pages 1 and 3, sections I and IV(C); ALT Policy Procedural Statement SOP A17 entitled Sexual Harassment, page 3, sections IV(C)(5 and 6); ALT Policy and Procedural Statement SOP H1 entitled Employee Handbook, pages 8 and 9; and ALT Policy and Procedural Statement SOP H33 entitled Staff Conduct with Offenders, page 1, section IV(A)(1 and 2).

The auditor's review of the investigations regarding these allegations reveals that both are more reflective of sexual harassment allegations. In one matter, a probationary employee's employment was terminated and in the other case, disciplinary action was meted out. With respect to one investigation, the same was unsubstantiated, however discipline less than termination was meted out.

The auditor's review of two Review Discussion Forms related to the matters addressed in the preceding section reveals substantial compliance with 115.276(c). In one case, a performance improvement plan was established. Given the investigative fact patterns and nature of the employee violations, the auditor finds no evidence of 115.276(c) violations.

In view of the above, the auditor finds Passages substantially compliant with 115.276(c).

#### 115.276(d)

Pursuant to the PAQ, the Director self reports 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Director further self reports during the last 12 months, zero facility staff members have been reported to law enforcement or licensing boards following termination for a Code of Conduct violation. The auditor notes that there is no applicable licensing authority for CAs and the allegations were not criminal, in nature.

The APC asserts that ALT reports to law enforcement authorities all staff who violate the agency's sexual abuse and sexual harassment policies and have either been terminated or resigned prior to termination. ALT also reports the actions of the former employee to their relevant licensing body.

In view of the above, the auditor finds Passages substantially compliant with 115.276(d).

Given the lack of adverse findings with respect to the above provisions, the auditor finds Passages substantially compliant with 115.276.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 437 378">115.277(a)</p> <p data-bbox="280 412 1481 696">Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the Director self reports agency policy requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. According to the Director, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.</p> <p data-bbox="280 730 1461 936">ALT Policy and Procedural Statement ALT A22 entitled PREA, page 1, section III entitled Employee or Staff addresses 115.277(a). ALT Policy and Procedural Statement SOP H2 entitled Volunteer/Intern Procedures, pages 7, 8, 11, 12, and 14, sections entitled Sexual Harassment and Discrimination Policy, Fraternalization and Conflict of Interest, and Discipline and Corrective Action also addresses 115.277(a).</p> <p data-bbox="280 969 1406 1133">The APC asserts that any report of a contractor or volunteer engaging in sexual abuse will be reported to law enforcement and relevant licensing agencies. Furthermore, all volunteers or contractors who engage in sexual abuse with residents will be permanently prohibited from entering any ALT facility.</p> <p data-bbox="280 1167 1477 1285">Pursuant to staff/resident interviews and documentation reviews, the auditor has not found any incidents wherein the requirements of 115.277 were invoked or would require the same.</p> <p data-bbox="280 1319 1362 1402">In view of the above, the auditor finds Passages substantially compliant with 115.277(a).</p> <p data-bbox="280 1509 437 1543">115.277(b)</p> <p data-bbox="280 1576 1469 1740">Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="280 1774 1477 2024">The Director asserts she automatically suspends contractor/volunteer facility access privileges and eliminates contact with residents, pending the results of an investigation, should a contractor/volunteer be involved in a sexual abuse/harassment incident with a resident. She terminates the contractor/volunteer contact with residents if the investigation is substantiated. The Director finally asserts zero such situations have been realized during the last 12 months.</p>

	<p>In view of the above, the auditor finds Passages substantially compliant with 115.277(b).</p> <p>Given the lack of adverse findings with respect to the above narratives, the auditor finds Passages substantially compliant with 115.277.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.278(a)</p> <p>Pursuant to the PAQ, the Director self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The Director further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, zero administrative and/or criminal investigations of resident-on-resident sexual abuse were completed at the facility.</p> <p>The APC asserts that pursuant to MDOC and FBOP policies and procedures, a resident who is criminally charged with a new crime will be removed from the facility through a formal process.</p> <p>ALT Policy and Procedural Statement SOP K17S entitled DOC Class I and II Disciplinary Procedures , page 4, section IV(D) addresses 115.278(a). ALT Policy and Procedural Statement SOP K16S entitled Federal Disciplinary Procedures, pages 1, 2, 3, 4, 6, and 7, sections entitled Formal Hearing and The Hearing also addresses 115.278(a). Finally, ALT Policy and Procedural Statement SOP K24P entitled Resident Handbook, pages 15-28 addresses sexual abuse/harassment administrative charges for both FBOP and MDOC. SOPs K40P, K47P, and K04P address the same provisions as applied to the other three programs at Passages.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.278(a).</p>
	<p>115.278(b)</p> <p>The parameters of 115.278(b) and (c) are addressed in the narrative for 115.278(a). According to the Director, Passages staff generate the incident report, investigate the same, and represent agency interests (recommended sanctions) at a hearing facilitated by MDOC staff (related to MDOC residents). Removal from the program is</p>

the most severe sanction available.

With respect to FBOP residents, Passages staff write the incident report and investigate the same, conduct a Center Discipline Committee Hearing (CDC), and address any appeal. The FBOP Discipline Hearing Officer (DHO) reviews the CDC Hearing packet and ratifies the same, etc. Disciplinary transfer, disallowance of Good Conduct Time (GCT), and loss of non-vested GT can be imposed by the FBOP DHO.

With respect to equality of sanctions imposed for comparable offenses, the Director asserts the same is accomplished. As previously referenced, the FBOP DHO ensures the same with respect to FBOP matters. An MDOC Probation & Parole staff member ensures the same with respect to MDOC residents.

In view of the above, the auditor finds Passages substantially compliant with 115.278(b).

115.278(c)

Pursuant to the PAQ, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Director asserts that with respect to mental disability or mental illness considerations when determining sanctions, FBOP and MDOC staff schedule such evaluations prior to sanction considerations.

In view of the above, the auditor finds Passages substantially compliant with 115.278(c).

115.278(d)

Pursuant to the PAQ, the Director self reports the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Facility staff consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

The APC asserts that a resident is assessed or reassessed and appropriate therapy, counseling or other interventions are developed to address reasons or motivations for abusive nature. Should the perpetrator remain at the facility, the resident would be required to meet with appropriate therapeutic or counseling staff, participate in groups, etc, as a condition for remaining in the program if the same is required by the court.

The mental health interviewee states she does offer to the affected resident, therapy, counseling, or other intervention services designed to address and correct

the underlying reasons or motivations for sexual abuse. The same would be provided in the form of one-on-one counseling and, if deemed prudent, she may refer them to a community provider. As receipt of such services is voluntary, unless court ordered, a resident's participation in the same is not requisite for access to programming or other benefits.

In view of the above, the auditor finds Passages substantially compliant with 115.278(d).

115.278(e)

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

ALT Policy and Procedural Statement SOP K24P entitled Resident Handbook, page 24, Disciplinary Violation 114, states that residents who subject other residents, staff, etc. to participate in sexual abuse acts are subject to disciplinary actions pursuant to the violation. The APC asserts that all Alternatives Inc. programs are considered no-touch programs and accordingly, consensual sex is also prohibited. SOPs K40P, K47P, and K04P address the same provision as applied to the other three programs at Passages.

The auditor finds no allegations or investigations relative to non-consensual resident sexual contact with staff during the last 12 months. According to the Director, during the last 12 months, there were no allegations or investigations relative to resident sexual contact with staff meeting the parameters of 115.278(e).

In view of the above, the auditor finds Passages substantially compliant with 115.278(e).

115.278(f)

Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 5, section IV(D)(5) addresses 115.278(f).

The auditor has found no evidence of deviation from the requirements of 115.278(f). Accordingly, the auditor finds Passages substantially compliant with 115.278(f).

115.278(g)

	<p>Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents.</p> <p>The Director further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Pursuant to the APC, consensual sex between residents is considered unacceptable behavior to ALT, MDOC, and the FBOP. Consensual sex is a Class II violation (MDOC regulation) or prohibited act.</p> <p>ALT Policy and Procedural Statement SOP K17S entitled DOC Class I and II Disciplinary Procedures , page 4, section IV(D) addresses 115.278(g). ALT Policy and Procedural Statement SOP K16S entitled Federal Disciplinary Procedures, pages 1, 2, 3, 4, 6, and 7, sections entitled Formal Hearing and The Hearing also addresses 115.278(g). Finally, ALT Policy and Procedural Statement SOP K24P entitled Resident Handbook, pages 15-28 addresses sexual abuse/harassment administrative charges for both FBOP and MDOC. SOPs K40P, K47P, and K04P address the same provision as applied to the other three programs at Passages.</p> <p>The auditor did not find any incidents of resident discipline for sexual abuse linked to consensual sex.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.278(g).</p> <p>Given the lack of adverse findings with respect to 115.278 requirements, the auditor finds Passages substantially compliant with 115.278.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.282(a)</p> <p>Pursuant to the PAQ, the Director self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Director further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The Director self reports that corroborating secondary materials are maintained at Passages.</p> <p>Two registered nurses (RNs), one licensed practical nurse (LPN), one APRN and five mental health professionals are available to residents. Passages residents have access to 24-hour emergency medical and mental health services. Riverstone</p>

Health, Billings Clinic Hospital, and St. Vincent Hospital are available for medical services and the Mental Health Center and Billings Clinic Psych Center are available for mental health services.

Mental health and medical staff document crisis intervention services provided using TOMS. They enter case notes regarding services provided, follow-up services, and referrals. Medical and mental health staff will document services provided in secure medical files maintained in locked cabinets in the Medical Office.

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 6 and 7, section IV(G) and (H) addresses 115.282(a).

With respect to the resident who reported a sexual abuse incident at Passages within the last 18 months, as previously noted, she refused the interview at the time the conversation progressed to the alleged sexual abuse incident. The auditor attempted to interview this resident as she had corresponded with him via USPS prior to the onsite visit.

Both the medical and mental health interviewees state that resident victims of sexual abuse receive timely and unimpeded access to emergency treatment and crisis intervention services. In regard to the process for provision of timely and unimpeded access to emergency treatment and crisis intervention services, the mental health interviewee states that medical staff, the APC, or a CA would contact her, advising of the allegation. She would reach out to the victim as soon as possible to offer services. Specifically, she would reach out to the victim immediately following notification and mental health staff would accompany the victim to the hospital during a forensic examination.

With respect to the medical staff interviewee, she states that medical coverage is available from 8:00AM to 4:00PM or 8:00AM to 8:00PM. On-call coverage is implemented during non-regular business hours. If a sexual abuse incident occurred during non-regular business hours, the on-call would report to the facility. During regular business hours, medical staff reports immediately.

Both the medical and mental health interviewees state that the nature and scope of these services are determined according to their professional judgment. The medical staff interviewee states she offers emotional support and a clothed inspection for bleeding and bruising. Vitals could be taken, dependent upon the outcome of the clothed inspection and victim agreement. In the event of bleeding, emergency first-aid is provided. Medical documentation is completed with times and dates and treatment is documented in the notes.

The mental health staff interviewee states she employs crisis intervention techniques upon arrival in the medical department. Specifically, she calms and reassures the victim that she is there to provide support. At the same time, she employs de-escalation techniques. She checks on the emotional status/ behavior and advises of services available to the victim upon return to the facility from a forensic examination.

In view of the above, the auditor finds Passages substantially compliant with 115.282(a).

#### 115.282(b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

The security staff four first responder steps are as follows:

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described above.

The first responder steps for non-security first responders are as follows:

Request the alleged victim not take any actions that could destroy physical evidence; and

Notify security staff.

Of note, non-security staff 1st responders are responsible for requesting that the victim not destroy physical evidence and subsequent reporting to security staff.

The non-security first responder interviewee correctly stated the above. The security first responder interviewee correctly identified all four first responder steps.

In view of the above, the auditor finds Passages substantially compliant with 115.282(b).

#### 115.282(c)

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are 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.

ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 6 and 7, section IV(G) and (H) addresses 115.282(c).

According to the medical staff interviewee, victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. This occurs in conjunction with the forensic examination at Billings Clinic.

The SANE interviewee asserts she is one of 11 on-call trained (Montana State competency based criteria) Nurses. Additionally, one full-time SANE nurse is available at the Billings Clinic. Billings Clinic SANE nurses facilitate forensic examinations for AH and Passages residents, as well as, members of the community.

SANE training consists of a 41 or 43 hour on-line segment, as well as, three to four clinical examinations (hands-on under the watchful eye of the instructor or senior SANE). The training is facilitated in accordance with International Association of Forensic Nurses (IAFN) strategies. Completion of various training milestones determines when competency is established.

Pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested. Additionally, sexually transmitted infection prophylaxis is provided for both male and female patients in conjunction with the forensic examination. Generally, one dose of medication is provided to patients free of charge.

As referenced throughout this report narrative, one sexual abuse investigation was facilitated at Passages during the last 12 months and there is inconclusive evidence of sexual contact (penetration was not clearly established). Given the time frame elapsed between the alleged incident and the date of discovery, a forensic examination was not prudent. Furthermore, pursuant to both administrative and criminal investigation, conclusive evidence was not discovered that penetration, etc. was involved.

One other resident who communicated with the auditor prior to the onsite visit was also interviewed. The interviewee did participate in the random resident portion of the interview however, when the interview transitioned to the report of sexual abuse at Passages, the interviewee refused further participation.

An additional resident stated during her random resident interview that she was subjected to sexual harassment and the auditor interviewed her pursuant to the victim of sexual abuse questionnaire. However, since the fact pattern did not meet the sexual abuse definition, the auditor finds 115.282(c) to be not applicable in this instance.

The auditor notes that medical/mental health services with respect to the sexual abuse issue discovered during the last 12 months were not warranted based on the fact pattern.

	<p>In view of the above, the auditor finds Passages substantially compliant with 115.282(c).</p> <p>115.282(d)</p> <p>Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, pages 6 and 7, section IV(G) and (H) addresses 115.282(d).</p> <p>The auditor notes that one sexual abuse allegation reported during the last 12 months did not result in the conduct of a forensic examination, as explained in the preceding section, and there is no evidence of assessment of financial charges for medical care provided in response to a sexual abuse incident.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.282(d).</p> <p>Based on the lack of adverse findings associated with 115.282 provisions, the auditor finds Passages substantially compliant with 115.282.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.283(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility offers 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.</p> <p>ALT Policy and Procedural Statement ALT A22 entitled PREA, page 6, section IV(G)(2) addresses 115.283(a).</p> <p>The auditor's review of a Report of one Significant Incident dated March 28, 2024 reveals that one Passages resident reported a sexual abuse incident that occurred at Passages. However, during an interview with a BPD investigator, she denied any sexual abuse at Passages. Given the fact pattern reflected in this investigation, medical intervention was deemed not necessary and the auditor concurs with the</p>

same.

In view of the above, the auditor finds Passages substantially compliant with 115.283(a).

115.283(b)

Pursuant to the PAQ, the Director self reports evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 6, section IV(G)(2)(a) and (b) addresses 115.283(b).

Both the medical and mental health interviewees state that resident victims of sexual abuse receive timely and unimpeded access to emergency treatment and crisis intervention services. In regard to the process for provision of timely and unimpeded access to emergency treatment and crisis intervention services, the mental health interviewee states that medical staff, the APC, or a CA would contact her, advising of the allegation. She would reach out to the victim as soon as possible to offer services. Specifically, she would reach out to the victim immediately following notification and mental health staff would accompany the victim to the hospital during a forensic examination.

With respect to the medical staff interviewee, she states that medical coverage is available from 8:00AM to 4:00PM or 8:00AM to 8:00PM. On-call coverage is implemented during non-regular business hours. If a sexual abuse incident occurred during non-regular business hours, the on-call would report to the facility. During regular business hours, medical staff reports immediately.

As mentioned throughout this report narrative, the resident who reported a sexual abuse allegation at Passages within the last 18 months refused her interview once the auditor asked question(s) from the victim questionnaire. One additional random resident interviewee stated that she was subjected to sexual harassment and the auditor subsequently interviewed her pursuant to the resident who reported sexual abuse at Passages questionnaire. Of note, 115.283(b) is not applicable to sexual harassment allegation(s).

In view of the above, the auditor finds Passages substantially compliant with 115.283(b).

115.283(c)

According to the PAQ, the facility shall provide such victims with medical and mental health services consistent with the community level of care.

Both the medical and mental health interviewees state that the medical and mental health services provided at Passages are consistent with the community standard of care. Specifically, services provided are commensurate with the scope of practice. Once the victim is transported for a forensic examination, the community standard of care is synonymous with the hospital.

In view of the above, the auditor finds Passages substantially compliant with 115.283(c).

115.283(d)

Pursuant to the PAQ, the Director self reports that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 6, section IV(G)(2)(a) and (b) addresses 115.283(d).

The SANE interviewee asserts she is one of 11 on-call trained (Montana State competency based criteria) Nurses. Additionally, one full-time SANE nurse is available at the Billings Clinic. Billings Clinic SANE nurses facilitate forensic examinations for AH and Passages residents, as well as, members of the community.

SANE training consists of a 41 or 43 hour on-line segment, as well as, three to four clinical examinations (hands-on under the watchful eye of the instructor or senior SANE). The training is facilitated in accordance with International Association of Forensic Nurses (IAFN) strategies. Completion of various training milestones determines when competency is established.

Pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested.

As mentioned throughout this report narrative, the resident who reported a sexual abuse allegation at Passages refused her interview once the auditor asked question(s) from the victim questionnaire. One additional random resident interviewee stated that she was subjected to sexual harassment and the auditor subsequently interviewed her pursuant to the resident who reported sexual abuse at Passages questionnaire. Of note, 115.283(d) is not applicable to sexual harassment allegation(s).

In view of the above, the auditor finds Passages substantially compliant with 115.283(d).

115.283(e)

Pursuant to the PAQ, the Director asserts that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 7, section IV(H)(2)(b) addresses 115.283(e).

The SANE interviewee asserts she is one of 11 on-call trained (Montana State competency based criteria) Nurses. Additionally, one full-time SANE nurse is available at the Billings Clinic. Billings Clinic SANE nurses facilitate forensic examinations for AH and Passages residents, as well as, members of the community.

SANE training consists of a 41 or 43 hour on-line segment, as well as, three to four clinical examinations (hands-on under the watchful eye of the instructor or senior SANE). The training is facilitated in accordance with International Association of Forensic Nurses (IAFN) strategies. Completion of various training milestones determines when competency is established.

Pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested.

Both the medical and mental health interviewees state that resident victims of sexual abuse receive timely and unimpeded access to emergency treatment and crisis intervention services. In regard to the process for provision of timely and unimpeded access to emergency treatment and crisis intervention services, the mental health interviewee states that medical staff, the APC, or a CA would contact her, advising of the allegation. She would reach out to the victim as soon as possible to offer services. Specifically, she would reach out to the victim immediately following notification and mental health staff would accompany the victim to the hospital during a forensic examination.

With respect to the medical staff interviewee, she states that medical coverage is available from 8:00AM to 4:00PM or 8:00AM to 8:00PM. On-call coverage is implemented during non-regular business hours. If a sexual abuse incident occurred during non-regular business hours, the on-call would report to the facility. During regular business hours, medical staff reports immediately.

As mentioned throughout this report narrative, the resident who reported a sexual abuse allegation at Passages refused her interview once the auditor asked question(s) from the victim questionnaire. One additional random resident interviewee stated that she was subjected to sexual harassment and the auditor subsequently interviewed her pursuant to the resident who reported sexual abuse at Passages questionnaire. Of note, 115.283(e) is not applicable to sexual harassment allegation(s).

In view of the above, the auditor finds Passages substantially compliant with

115.283(e).

115.283(f)

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

ALT Policy and Procedural Statement ALT A22 entitled PREA, page 7, section IV(H)(2)(b) addresses 115.283(f).

The SANE interviewee asserts she is one of 11 on-call trained (Montana State competency based criteria) Nurses. Additionally, one full-time SANE nurse is available at the Billings Clinic. Billings Clinic SANE nurses facilitate forensic examinations for AH and Passages residents, as well as, members of the community.

SANE training consists of a 41 or 43 hour on-line segment, as well as, three to four clinical examinations (hands-on under the watchful eye of the instructor or senior SANE). The training is facilitated in accordance with International Association of Forensic Nurses (IAFN) strategies. Completion of various training milestones determines when competency is established.

Pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested. Additionally, sexually transmitted infection prophylaxis is provided for both male and female patients in conjunction with the forensic examination. Generally, one dose of medication is provided to patients free of charge.

As mentioned throughout this report narrative, the resident who reported a sexual abuse allegation at Passages refused her interview once the auditor asked question(s) from the victim questionnaire. One additional random resident interviewee stated that she was subjected to sexual harassment and the auditor subsequently interviewed her pursuant to the resident who reported sexual abuse at Passages questionnaire. Of note, 115.283(f) is not applicable to sexual harassment allegation(s).

In view of the above, the auditor finds Passages substantially compliant with 115.283(f).

115.283(g)

Pursuant to the PAQ, the Director self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	<p>ALT Policy and Procedural Statement ALT A22 entitled PREA, page 6, section IV(G)(2)(a) addresses 115.283(g).</p> <p>As mentioned throughout this report narrative, the resident who reported a sexual abuse allegation at Passages refused her interview once the auditor asked question(s) from the victim questionnaire. One additional random resident interviewee stated that she was subjected to sexual harassment and the auditor subsequently interviewed her pursuant to the resident who reported sexual abuse at Passages questionnaire. Of note, 115.283(g) is not applicable to sexual harassment allegation(s).</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.283(g).</p> <p>115.283(h)</p> <p>Pursuant to the PAQ, the Director self reports the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health providers.</p> <p>ALT Policy and Procedural Statement SOP L4(A) entitled Resident Intake, Contract, and Referral, pages 2 through 4, sections IV(C-F) addresses 115.283(h).</p> <p>The mental health interviewee states that either she or a contracted clinician would facilitate the 115.283(h) mental health evaluation, within 60 days of arrival. Mental health evaluation would be scheduled in a timely manner, as soon as, Passages staff are aware of the historical resident-on-resident sexual abuse.</p> <p>The auditor has not been provided nor has he learned of any 115.283(h) evaluations completed during the last 12 months.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.283(h).</p> <p>Given the lack of adverse findings related to 115.283 provisions, the auditor finds Passages substantially compliant with 115.283.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.286(a)

Pursuant to the PAQ, the Director self reports the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

The Director further self reports in the last 12 months, zero administrative sexual abuse investigations were facilitated at Passages. The auditor's review of one investigation completed within the last 12 months reveals the same was administratively and criminally investigated as sexual abuse.

Alternatives, Inc. Policy and Procedural Statement ALT A29 entitled Internal PREA Investigator Description and Duties, page 2 and Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 9, section IV(K)(5) and (6) address 115.286(a-e).

The auditor's review of a blank SAIR report reveals all 115.286(a-e) criteria are met.

According to the APC, a sexual abuse incident review (SAIR) was not facilitated with respect to this allegation and the accompanying investigation as staff were satisfied that requisite actions had been taken. Additionally, the alleged perpetrator was no longer employed at the facility.

In view of the above, the auditor finds Passages non-compliant with 115.286(a) and accordingly, the facility is placed in a 180-day corrective action period wherein the APC will ensure that 115.286 requirements are implemented and institutionalized. The corrective action due date is December 14, 2025.

To demonstrate compliance with and institutionalization of 115.286(a) requirements, the APC will provide training to stakeholders regarding the nuances of 115.286 provisions. Pursuant to 115.286(a) specific language, the facility SHALL 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. Accordingly, the only exception to this requirement is when the allegation is unfounded. In the instant matter, the investigation was unsubstantiated.

Stakeholders will encompass the Director, DD/OS, and all members of the SAIR team. The APC will upload a copy of the training lesson plan, as well as, evidence that requisite stakeholders completed the training. Minimally, this evidence will include the name and date of the training, instructor's name, and the printed name and signature of participants.

Additionally, the APC will upload a copy of the investigation roster identifying all sexual abuse/harassment investigations facilitated between the date of this interim report and December 14, 2025. The auditor will select appropriate investigation(s) for review and the APC will upload the investigation, notification to the resident of the status of the investigation, and the SAIR, if appropriate. Subsequently, the auditor will render a compliance determination regarding the requirements of the relevant provisions.

In view of the above, the auditor finds Passages non-compliant with 115.286(a).

December 6, 2025 Update:

The auditor's review of the lesson plan, relevant policies, the applicable standard provision regarding the Sexual Abuse Incident Review (SAIR) process, and test reveals substantial compliance with 115.286(a). This corrective action training was provided to 10 staff stakeholders on November 17, 2025. In addition to the above, the APC asserts that zero sexual abuse investigations requiring a SAIR review have been facilitated during the corrective action period.

Given completion of the requisite corrective action for 115.286(a), the auditor now finds Passages substantially compliant with the standard provision.

115.286(b)

Pursuant to the PAQ, the Director asserts the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Although the Director asserts zero sexual abuse incidents occurred during the last 12 months, the auditor finds that one incident was administratively and criminally investigated as a sexual abuse incident during the last 12 months.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 9, section IV(K)(5) and (6) addresses 115.286(b).

According to the APC, a SAIR was not facilitated with respect to the aforementioned single sexual abuse allegation and the accompanying investigation as staff were satisfied that requisite actions had been taken. Additionally, the alleged perpetrator was no longer employed at the facility.

In view of the above, the auditor finds Passages non-compliant with 115.286(b) and accordingly, the facility is placed in a 180-day corrective action period wherein the APC will ensure that 115.286 requirements are implemented and institutionalized.

The corrective action due date is December 14, 2025.

To demonstrate compliance with and institutionalization of 115.286(b) requirements, the APC will provide training to stakeholders regarding the nuances of 115.286 provisions. Pursuant to 115.286(a) specific language, the facility SHALL 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. Accordingly, the only exception to this requirement is when the allegation is unfounded. In the instant matter, the investigation was unsubstantiated.

Stakeholders will encompass the Director, DD/OS, and all members of the SAIR

team. The APC will upload a copy of the training lesson plan, as well as, evidence that requisite stakeholders completed the training. Minimally, this evidence will include the name and date of the training, instructor's name, and the printed name and signature of participants.

Additionally, the APC will upload a copy of the investigation roster identifying all sexual abuse/harassment investigations facilitated between the date of this interim report and December 14, 2025. The auditor will select appropriate investigation(s) for review and the APC will upload the investigation, notification to the resident of the status of the investigation, and the SAIR, if appropriate. Subsequently, the auditor will render a compliance determination regarding the requirements of the relevant provisions.

In view of the above, the auditor finds Passages non-compliant with 115.286(b).

December 6, 2025 Update:

The auditor's review of the lesson plan, relevant policies, the applicable standard provision regarding the Sexual Abuse Incident Review (SAIR) process, and test reveals substantial compliance with 115.286(b). This corrective action training was provided to 10 staff stakeholders on November 17, 2025. In addition to the above, the APC asserts that zero sexual abuse investigations requiring a SAIR review have been facilitated during the corrective action period.

Given completion of the requisite corrective action for 115.286(b), the auditor now finds Passages substantially compliant with the standard provision.

115.286(c)

Pursuant to the PAQ, the Director self reports the SAIR includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The Director asserts the facility has a SAIR team. The Incident Review Team would consist of the Director, APC, DD/OS with input from supervisors, CMs, medical and mental health professionals as necessary.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA, page 9, section IV(K)(5) and (6) addresses 115.286(c).

According to the APC, a SAIR was not facilitated with respect to the one sexual abuse allegation and accompanying investigation as staff were satisfied that requisite actions had been taken. Additionally, the alleged perpetrator was no longer employed at the facility.

In view of the above, the auditor finds Passages non-compliant with 115.286(c) and accordingly, the facility is placed in a 180-day corrective action period wherein the

APC will ensure that 115.286 requirements are implemented and institutionalized. The corrective action due date is December 14, 2025.

To demonstrate compliance with and institutionalization of 115.286(c) requirements, the APC will provide training to stakeholders regarding the nuances of 115.286 provisions. Pursuant to 115.286(a) specific language, the facility SHALL 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. Accordingly, the only exception to this requirement is when the allegation is unfounded. In the instant matter, the investigation was unsubstantiated.

Stakeholders will encompass the Director, DD/OS, and all members of the SAIR team. The APC will upload a copy of the training lesson plan, as well as, evidence that requisite stakeholders completed the training. Minimally, this evidence will include the name and date of the training, instructor's name, and the printed name and signature of participants.

Additionally, the APC will upload a copy of the investigation roster identifying all sexual abuse/harassment investigations facilitated between the date of this interim report and December 14, 2025. The auditor will select appropriate investigation(s) for review and the APC will upload the investigation, notification to the resident of the status of the investigation, and the SAIR, if appropriate. Subsequently, the auditor will render a compliance determination regarding the requirements of relevant provisions.

In view of the above, the auditor finds Passages non-compliant with 115.286(c).

December 6, 2025 Update:

The auditor's review of the lesson plan, relevant policies, the applicable standard provision regarding the Sexual Abuse Incident Review (SAIR) process, and test reveals substantial compliance with 115.286(c). This corrective action training was provided to 10 staff stakeholders on November 17, 2025. In addition to the above, the APC asserts that zero sexual abuse investigations requiring a SAIR review have been facilitated during the corrective action period.

Given completion of the requisite corrective action for 115.286(c), the auditor now finds Passages substantially compliant with the standard provision.

115.286(d)

Pursuant to the PAQ, the Director self reports that a report of its findings is prepared from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and the same is submitted to the facility head

and APC.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 9, section IV(K)(5) and (6) addresses 115.286(d).

The auditor's review of a blank Sexual Abuse Incident Review (SAIR) report reveals all 115.286(d) criteria are met.

The Director asserts that the goal of the SAIR and accompanying report is to "enhance all things PREA" at Passages. Strengths, weaknesses, and policy revision needs are addressed pursuant to this process. Additionally, the SAIR team:

Considers 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;

Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled abuse;

Assesses the adequacy of staffing levels in that area during different shifts; and

Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Of note, the SAIR interviewee corroborates the statement of the Director in terms of report content.

The APC asserts that he generally writes the SAIR report and routes the same through the Director to the CEO. In the event of recommendations, the APC asserts the same are implemented or the basis for non-implementation is articulated in writing. The auditor notes that space is allotted in the report for documentation of these findings.

According to the APC, a sexual abuse incident review (SAIR) was not facilitated with respect to the one sexual abuse allegation and accompanying investigation as staff were satisfied that requisite actions had been taken. Additionally, the alleged perpetrator was no longer employed at the facility.

In view of the above, the auditor finds Passages non-compliant with 115.286(d) and accordingly, the facility is placed in a 180-day corrective action period wherein the APC will ensure that 115.286 requirements are implemented and institutionalized. The corrective action due date is December 14, 2025.

To demonstrate compliance with and institutionalization of 115.286(d) requirements, the APC will provide training to stakeholders regarding the nuances of 115.286 provisions. Pursuant to 115.286(a) specific language, the facility SHALL 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. Accordingly, the only exception to this requirement is when the allegation is unfounded. In the instant matter, the investigation was unsubstantiated.

Stakeholders will encompass the Director, DD/OS, and all members of the SAIR team. The APC will upload a copy of the training lesson plan, as well as, evidence that requisite stakeholders completed the training. Minimally, this evidence will include the name and date of the training, instructor's name, and the printed name and signature of participants.

Additionally, the APC will upload a copy of the investigation roster identifying all sexual abuse/harassment investigations facilitated between the date of this interim report and December 14, 2025. The auditor will select appropriate investigation(s) for review and the APC will upload the investigation, notification to the resident of the status of the investigation, and the SAIR, if appropriate. Subsequently, the auditor will render a compliance determination regarding the requirements of relevant provisions.

In view of the above, the auditor finds Passages non-compliant with 115.286(d).

December 6, 2025 Update:

The auditor's review of the lesson plan, relevant policies, the applicable standard provision regarding the Sexual Abuse Incident Review (SAIR) process, and test reveals substantial compliance with 115.286(d). This corrective action training was provided to 10 staff stakeholders on November 17, 2025. In addition to the above, the APC asserts that zero sexual abuse investigations requiring a SAIR review have been facilitated during the corrective action period.

Given completion of the requisite corrective action for 115.286(d), the auditor now finds Passages substantially compliant with the standard provision.

115.286(e)

Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 9, section IV(K)(5) and (6) address 115.286(e).

The auditor notes that space is allotted in the report for documentation of non-compliance with recommendation(s).

According to the APC, a SAIR was not facilitated with respect to the one sexual abuse allegation and accompanying investigation as staff were satisfied that requisite actions had been taken. Additionally, the alleged perpetrator was no longer employed at the facility.

In view of the above, the auditor finds Passages non-compliant with 115.286(e) and accordingly, the facility is placed in a 180-day corrective action period wherein the APC will ensure that 115.286 requirements are implemented and institutionalized. The corrective action due date is December 14, 2025.

To demonstrate compliance with and institutionalization of 115.286(e) requirements, the APC will provide training to stakeholders regarding the nuances of 115.286 provisions. Pursuant to 115.286(a) specific language, the facility SHALL 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. Accordingly, the only exception to this requirement is when the allegation is unfounded. In the instant matter, the investigation was unfounded.

Stakeholders will encompass the Director, DD/OS, and all members of the SAIR team. The APC will upload a copy of the training lesson plan, as well as, evidence that requisite stakeholders completed the training. Minimally, this evidence will include the name and date of the training, instructor's name, and the printed name and signature of participants.

Additionally, the APC will upload a copy of the investigation roster identifying all sexual abuse/harassment investigations facilitated between the date of this interim report and December 14, 2025. The auditor will select appropriate investigation(s) for review and the APC will upload the investigation, notification to the resident of the status of the investigation, and the SAIR, if appropriate. Subsequently, the auditor will render a compliance determination regarding the requirements of relevant provisions.

In view of the above, the auditor finds Passages non-compliant with 115.286(e).

December 6, 2025 Update:

The auditor's review of the lesson plan, relevant policies, the applicable standard provision regarding the Sexual Abuse Incident Review (SAIR) process, and test reveals substantial compliance with 115.286(e). This corrective action training was provided to 10 staff stakeholders on November 17, 2025. In addition to the above, the APC asserts that zero sexual abuse investigations requiring a SAIR review have been facilitated during the corrective action period.

Given completion of the requisite corrective action for 115.286(e), the auditor now finds Passages substantially compliant with the standard provision.

Given the completed corrective action for findings identified in the narratives for 115.286(a-e), the auditor now finds Passages substantially compliant with 115.286.

115.287	Data collection
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 437 376">115.287(a)</p> <p data-bbox="280 416 1468 658">Pursuant to the PAQ, the Director self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Director further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="280 698 1461 770">Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 10, section IV(M)(1-3) addresses 115.287(a).</p> <p data-bbox="280 810 1343 882">The auditor's review of 2022, 2023, and 2024 PREA Annual Reports reveals substantial compliance with 115.287(a) and (c).</p> <p data-bbox="280 922 1362 994">In view of the above, the auditor finds Passages substantially compliant with 115.287(a).</p> <p data-bbox="280 1106 437 1142">115.287(b)</p> <p data-bbox="280 1182 1442 1299">Pursuant to the PAQ, the Director self reports the agency aggregates the incident-based sexual abuse data at least annually. Pursuant to review of 115.287(a) documentation, it is clear that incident based data is aggregated annually.</p> <p data-bbox="280 1339 1461 1411">Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 10, section IV(M)(1-3) addresses 115.287(b).</p> <p data-bbox="280 1451 1353 1523">The auditor's review of 2022, 2023, and 2024 PREA Annual Reports reveals substantial compliance with 115.287(b).</p> <p data-bbox="280 1563 1362 1635">In view of the above, the auditor finds Passages substantially compliant with 115.287(b).</p> <p data-bbox="280 1747 437 1783">115.287(c)</p> <p data-bbox="280 1823 1461 2020">Pursuant to the PAQ, the Director self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The APC asserts that the agency uses the SSV-IA and SSV4 forms for the basis of the data collection process.</p> <p data-bbox="280 2060 1353 2096">The auditor's review of 2022, 2023, and 2024 PREA Annual Reports reveals</p>

substantial compliance with 115.287(c).

In view of the above, the auditor finds Passages substantially compliant with 115.287(c).

115.287(d)

Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The APC asserts that the agency maintains all documentation regarding incidents.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 10, section IV(M)(3) addresses 115.287(d).

In view of the above, the auditor finds Passages substantially compliant with 115.287(d).

115.287(e)

Pursuant to the PAQ, the Director asserts that Alternatives, Inc. does not contract with other entities for the confinement of its residents. The auditor's on-site observations, review of random documentation, and conversations with staff substantiate the Director's assertion.

Accordingly, the auditor finds that 115.287(e) is not applicable to Passages.

115.287(f)

Pursuant to the PAQ, the Director asserts that the agency has provided the Department of Justice (DOJ) with data from the previous calendar year as the same has been requested. The auditor's review of the 2023 SSV-4 reveals substantial compliance with 115.287(f).

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 10, section IV(M)(3) addresses 115.287(d).

The APC asserts the USDOJ, through the Census Bureau, requests previous year data from Passages approximately October/November of the following year.

In view of the above, the auditor finds Passages substantially compliant with 115.287(f).

Given the fact the auditor finds no adverse findings with respect to any 115.287

	provisions, the auditor finds Passages substantially compliant with 115.287.
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.288(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency reviews 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, and training, including:</p> <ul style="list-style-type: none"> <li>Identifying problem areas;</li> <li>Taking corrective action on an ongoing basis; and</li> <li>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.</li> </ul> <p>Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 11, section IV(M)(4) addresses 115.287(a).</p> <p>The auditor's review of the 2022, 2023, and 2024 ALT PREA Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse. These reports are posted on the Alternatives, Inc. website. The reports reveal no redactions pursuant to 115.288(d).</p> <p>The Agency Head asserts company practice places a premium on PREA policies and procedures. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc. Information is gleaned from SAIR reports, with trends assessed to "improve all things PREA".</p> <p>The APC asserts the agency compiles an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. Compilation of the annual report now lies with the APC.</p> <p>The APC maintains all investigations on a password protected drive. All relevant annual report information and data is maintained on the same password protected drive. Hard copies of this information and data are maintained in the APC's locked cabinet in his locked office in another building.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.288(a).</p>

115.288(b)

Pursuant to the PAQ, the Director self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 11, section IV(M)(5) addresses 115.287(a).

The auditor's review of the 2022, 2023, and 2024 ALT PREA Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse. These reports are posted on the Alternatives, Inc. website.

In view of the above, the auditor finds Passages substantially compliant with 115.288(b).

115.288(c)

Pursuant to the PAQ, the Director self reports the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The APC presents the annual report to the CEO and the CEO and quality assurance manager (QAM) sign off on the report and the report is uploaded to the agency's website.

The Agency Head asserts he approves annual reports written pursuant to 115.288 and the APC validates the same.

The auditor notes that signed report for 2024 reflects substantial compliance with 115.288(c).

In view of the above, the auditor finds Passages substantially compliant with 115.288(c).

115.288(d)

Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Director further asserts the agency indicates the nature of material redacted.

	<p>The APC asserts personal identifiers are typically redacted from the annual report. Information that constitutes a threat to vital security information may also be redacted.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.288(d).</p> <p>Given the lack of adverse findings throughout the 115.288 narratives, the auditor finds Passages substantially compliant with 115.288.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.289(a)</p> <p>Pursuant to the PAQ, the Director asserts the agency ensures that incident-based and aggregate data are securely retained. The APC asserts the data is maintained in a secure filing cabinet in the APC's secured office (located off-site) and electronically under the access of the APC with restricted access, password protected.</p> <p>Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 10, section IV(M)(2 and 3) addresses 115.289(a).</p> <p>The APC asserts the agency reviews 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 and training. He maintains Average Daily Population (ADP) information, hard copies of investigations and supporting documentation, scanning the same into his network ID. The same is password protected and other Alternatives, Inc. staff have no access to the same. SSVs and SAIRs are maintained electronically. The APC writes the annual report for Alternatives, Inc.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.289(a).</p> <p>115.289(b)</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least</p>

annually through its website. The APC asserts that the Annual Report is presented to the CEO and placed on the agency's web site under the PREA Tab.

The auditor's review of the Alternatives, Inc. PREA Tab substantiates the APC's assertion as Annual PREA Reports are available on the same.

As Alternatives, Inc. and AH do not subcontract with other private or non-profit entities to house residents designated to their custody and control, the auditor finds Passages substantially compliant with 115.289(b).

#### 115.289(c)

Pursuant to the PAQ, the Director self reports that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Additionally, the Director self reports that the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The APC asserts that aggregated data is publicly available and he removes all personal identifiers. ALT maintains all data collected for at least 10 years from the date of the initial collection unless laws require otherwise.

Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 11, section IV(M)(5) addresses 115.289(c). Additionally, Alternatives, Inc. Policy and Procedural Statement ALT A22 entitled PREA , page 10, section IV(M)(2) addresses 115.289(c).

During the on-site audit, the auditor identified zero deficiencies with respect to 115.289(c) and accordingly, the auditor finds Passages substantially compliant with 115.289(c).

#### 115.289(d)

Pursuant to the PAQ, the Director self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

A discussion regarding 115.289(d) requirements is articulated in the narrative for 115.289(c).

In view of the above, the auditor finds Passages substantially compliant with 115.289(d).

Given the lack of adverse findings with respect to 115.289 provisions, the auditor finds Passages substantially compliant with 115.289.

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 440 376">115.401(a)</p> <p data-bbox="280 416 1474 492">Both AH and Passages were subjected to PREA audits during 2022. Accordingly, the auditor finds Passages substantially compliant with 115.401(a).</p> <p data-bbox="280 600 440 636">115.401(b)</p> <p data-bbox="280 676 1474 828">The auditor notes that two facilities (AH and Passages) that fall under the ALT umbrella, constitute the only facilities subject to PREA standards. Both facilities are audited back-to-back and as referenced above, both facilities were audited within the requisite audit period.</p> <p data-bbox="280 869 1362 945">In view of the above, the auditor finds Passages substantially compliant with 115.401(b).</p> <p data-bbox="280 1052 440 1088">115.401(h)</p> <p data-bbox="280 1128 1442 1321">Staff were very facilitative throughout the entire audit process. Pre-audit information was uploaded, for the most part, in a timely and comprehensive manner. Interview scheduling and the conduct of the same flowed in an efficient manner. The auditor was provided all appropriate access to the facility, residents, and staff.</p> <p data-bbox="280 1361 1362 1438">In view of the above, the auditor finds Passages substantially compliant with 115.401(h).</p> <p data-bbox="280 1545 440 1581">115.401(i)</p> <p data-bbox="280 1621 1410 1733">As referenced above, staff were very facilitative with respect to provision of PAQ information and documents, onsite information and documents, and post-audit information and documents.</p> <p data-bbox="280 1774 1362 1850">In view of the above, the auditor finds Passages substantially compliant with 115.401(i).</p> <p data-bbox="280 1957 450 1993">115.401(m)</p> <p data-bbox="280 2033 1394 2069">The auditor experienced no difficulty in terms of facilitation of private staff and</p>

	<p>resident interviews both during the facility tour and subsequent interviews. The auditor received one letter from a Passages resident and he attempted to interview her. The auditor notes that when he attempted to interview her regarding the sexual abuse allegation, she refused the same.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.401(m).</p> <p>115.401(n)</p> <p>As mentioned in the narrative for 115.401(m), the auditor received one letter from a Passages resident and she did not identify any confidentiality concerns regarding her access to the auditor. Research has revealed that such correspondence is not opened by staff.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.401(n).</p> <p>Given the lack of adverse findings with respect to 115.401 provisions, the auditor finds Passages substantially compliant with 115.401.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403(f)</p> <p>The Final PREA Report dated December 17, 2022 is posted on the ALT website.</p> <p>In view of the above, the auditor finds Passages substantially compliant with 115.403(f).</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or	yes

	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?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and	yes

	expressively, using any necessary specialized vocabulary?	
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(a)</b>		
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim	yes

	advocate from a rape crisis center?	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal	yes

	investigation is completed for all allegations of sexual harassment?	
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a	yes

	resident is transferred to a different facility?	
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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	yes

	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.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na

	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>	

<b>(h)</b>		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes