

# PREA Facility Audit Report: Final

**Name of Facility:** Alpha House Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/28/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Carol L. Powell	<b>Date of Signature:</b> 07/28/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Powell, Carol
<b>Email:</b>	Cpowell1948@gmail.com
<b>Start Date of On-Site Audit:</b>	06/21/2022
<b>End Date of On-Site Audit:</b>	06/22/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Alpha House Residential Reentry Center
<b>Facility physical address:</b>	2300 East Division Street, Springfield, Missouri - 65803
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Sue Marshall
<b>Email Address:</b>	smarshall@thealphahouse.org
<b>Telephone Number:</b>	417 831-3033

Facility Director	
<b>Name:</b>	Sue Marshall
<b>Email Address:</b>	smarshall@thealphahouse.org
<b>Telephone Number:</b>	417 831-3033

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

Facility Characteristics	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	44
<b>Average daily population for the past 12 months:</b>	55
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	25-70
<b>Facility security levels/resident custody levels:</b>	low to high
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	30
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

AGENCY INFORMATION	
<b>Name of agency:</b>	Alpha House of Springfield, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2300 East Division Street, Springfield, Missouri - 65803
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

**Agency-Wide PREA Coordinator Information****Name:** Sue Marshall**Email Address:** smarshall@thealphahouse.org**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

- 115.241 - Screening for risk of victimization and abusiveness
- 115.262 - Agency protection duties

**Number of standards met:**

39

**Number of standards not met:**

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-21
2. End date of the onsite portion of the audit:	2022-06-22

### 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:	<p>The Executive Director of the Victim Center was interviewed by phone. Due to confidentiality, the Executive Director was able to provide general information related to their work with The Alpha House of Springfield (AH). The Executive Director confirmed their MOU with the AH. She advised that the Victim Center provides a myriad of services to victims of sexual assault, including medical and legal advocacy, support services, crisis intervention, and counseling. If the Center is unable to provide a specific service, they will refer the resident to an agency that can. For example, while recognizing that perpetrators of sexual assault may have once been victims themselves, the Victim Center does not provide services to perpetrators. They will make referrals to other community agencies that will provide such services. All services to victims of sexual abuse are provided free of charge.</p> <p>The Executive Director of Ozark Translators was interviewed over the telephone. She verified the MOU with the AH to provide language translation resources and services to individuals while residing in the Alpha House. She stated that the AH has not requested such services. When questioned about the general make-up of the population in Springfield, the Executive Director advised that only about 3% of the population are not English-speaking.</p>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	53
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**

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	53
38. 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:	1
39. 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:	0
40. 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:	0
41. 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:	0
42. 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:	0
43. 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:	0
44. 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:	0
45. 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:	0
46. 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:	4
47. 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:	0
48. 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):	No text provided.

**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

49. 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:	30
50. 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:	2

51. 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:	0
52. 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:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input 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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility had two housing units, one for females and the other for males. The male housing unit consisted of twelve rooms; the female housing unit has six rooms. The facility had three females. Only one female was available for an interview, as one resident was ill, and the other was placed on Home Confinement on the first day of the audit. Three targeted male residents were chosen for interviews. The random residents were chosen by room numbers and length of time in the facility, which ranged from two days to nine months.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. 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):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3

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>60. 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></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 facility did not have any targeted residents of this category.</p>
<p><b>61. 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></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 facility did not have any targeted residents of this category.</p>
<p><b>62. 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>The facility did not have any targeted residents of this category.</p>
<p><b>63. 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>The facility did not have any targeted residents of this category.</p>
<p><b>64. 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>The facility did not have any targeted residents of this category.</p>
<p><b>65. 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>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>On the days of the on-site audit, there were no residents who identified as transgender, intersex, gay, lesbian, or bisexual. Three clients of the Alpha House of Springfield are identified as LGBTQ. However, each of those clients were in Home Confinement, not residing at the facility.</p>
<p><b>66. 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>On the days of the on-site audit, there were no residents who identified as transgender, intersex, gay, lesbian, or bisexual. Three clients of the Alpha House of Springfield are identified as LGBTQ. However, each of those clients were in Home Confinement, not residing at the facility.</p>
<p><b>67. 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>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 facility did not have any targeted residents of this category.</p>
<p><b>68. 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>69. 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>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility did not have any targeted residents of this category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>0</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</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 type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>

<p><b>74. 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></p>	<p>The Alpha House of Springfield employs thirty staff members. Each staff position requires specialized duties; i.e., Watch staff (security staff) conduct initial intakes and provide supervision; in addition to their duties as Executive Director and PREA Coordinator, both serve as investigators; the Executive Director is the Human Resources Administrator while the PREA Coordinator is also a case manager. Since each staff member has more than one function, the facility does not have enough staff to interview for both random and specialized staff roles.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<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>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>14</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The facility does not employ medical or mental health staff and/or utilize contractors to fill these roles.</p>

**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.

84. Did you have access to all areas of the facility?

- Yes  
 No

### Was the site review an active, inquiring process that included the following:

85. 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)?

- Yes  
 No

86. 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)?

- Yes  
 No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

- Yes  
 No

88. Informal conversations with staff during the site review (encouraged, not required)?

- Yes  
 No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The Alpha House of Springfield has 41 cameras throughout the facility to monitor all common areas, outside areas, parking lots, elevator, hallways, television rooms, dining rooms, entrances, training room and laundry rooms. The system is constantly monitored by Alpha House staff members. No cameras are located in the restrooms or living dorms.

Since most of the residents work in the community, the facility requested that the bus stop, which was located a block away from the facility, be relocated to the area directly in front of the facility. By doing so, residents entering and exiting the bus can be monitored by video. The City of Springfield complied with that request.

## 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.

90. 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?

- Yes  
 No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

## 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.

92. 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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	0	0

93. 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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	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.

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

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

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

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

**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.

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: 0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>As stated by staff and confirmed through a review of the disciplinary log, there were no sexual abuse investigations during the audit period.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

a. Explain why you were unable to review any sexual harassment investigation files:	As stated by staff and confirmed through a review of random HR files and the resident disciplinary log, there were no sexual harassment investigations during the audit period.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The Alpha House of Springfield has not experienced any type of sexual abuse or harassment allegations during the audit period.
<b>SUPPORT STAFF INFORMATION</b>	

## DOJ-certified PREA Auditors Support Staff

115. 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.

- Yes  
 No

## Non-certified Support Staff

116. 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

121. 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

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 483 300">Documentation Review:</p> <ol data-bbox="242 304 695 398" style="list-style-type: none"> <li>1. AH PREA Policy 1027B</li> <li>2. AH Policy 1027A Sexual Harassment Staff</li> <li>3. Org. Chart</li> </ol> <p data-bbox="242 430 352 459">Interviews:</p> <ol data-bbox="242 463 464 591" style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> <li>3. Random Residents</li> <li>4. Targeted Residents</li> </ol> <p data-bbox="242 595 1445 689">Through interviews with residents and staff and review of resident and staff files, it is evident that this facility interweaves requirements for this standard in their daily protocols. Both residents and staff could speak to facility PREA practices and protocols being used as is described in the facility's PREA policy.</p> <p data-bbox="242 721 456 750">On-Site Observation:</p> <p data-bbox="242 754 1493 949">During the tour of the facility, the Auditor observed a 78" Information Monitor mounted in the lobby of the facility. The monitor continuously displayed information regarding the facility's ZERO-Tolerance policy, reporting requirements, as well as a PREA video. The auditor observed residents entering and exiting the lobby throughout the day. During the tour and informal interviews residents demonstrated knowledge of PREA, reporting options and feeling safe in the program. Every resident mentioned the lobby television display. Information regarding the Alpha House of Springfield's (AH) zero-tolerance policy was posted on each of the six bulletin boards located in the facility's two housing units.</p> <p data-bbox="242 981 1490 1240">(a) AHS PREA Policy 1027B mandates the facility's zero-tolerance policy for sexual abuse and harassment. The policy specifies the facility's approach to preventing, detecting, and responding to such incidents. Policy is very specific in naming community agencies that provide supportive services, and additionally lists "red flags" that may indicate sexual abuse or harassment. AH PREA Policy's section regarding disciplinary sanctions for staff, states that:  "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse."  Interviews with the Executive Director and a review of eleven (11) random employee files indicate that there have been no PREA issues related to staff during this audit period.</p> <p data-bbox="242 1272 1477 1433">(b) The AH has designated a case manager to serve as PREA coordinator. The PREA Coordinator advised that she has enough time and authority to develop, implement, and coordinate the facility's efforts to comply with PREA standards. She noted that although she has been in the position for only two months, the Executive Director to whom she reports, has been supportive. Preparation for this audit and the assistance of the Executive Director has helped her become more comfortable with this position.</p> <p data-bbox="242 1464 1313 1494">After reviewing the evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. Contract with the Bureau of Prisons</li> <li>2. Contract Renewals</li> <li>3. Contract Monitoring Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. Contract Oversight Specialist with the Bureau of Prisons (BOP)</li> </ol> <p>On-Site Observations:</p> <p>N/A</p> <p>(a): The Alpha House of Springfield's (AH) PAQ states that the facility has no contracts for the housing of residents. However, from the auditor's perspective, the facility has a contract with the Bureau of Prisons (BOP) for the confinement of its residents. The Executive Director agreed, but neither she or the auditor was able to make revisions on the PAQ. The Alpha House of Springfield does contract with the BOP for the confinement of its residents. The contract and contract renewals include a provision that requires the facility to meet PREA requirements.</p> <p>(b) The Bureau of Prisons contract and contract renewals require agency contract monitoring to ensure the facility is complying with PREA standards. AHS is monitored quarterly by the BOP. A review of the Monitoring Reports for the past year indicated that there are no PREA issues. When interviewed by phone, the BOP Contract Oversight Specialist advised that the AHS has not had any PREA-related problems.</p> <p>(c) N/A</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.213	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ol style="list-style-type: none"> <li>1. AH PREA Policy 1027B, Staffing Plan</li> <li>2. AH Policy 1026EE, PREA Staffing Plan and Video Monitoring, dated 3/6/22</li> <li>3. Staffing Plan Review, dated 3/4/21</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> <li>3. Random Security Staff</li> <li>4. Random Residents</li> <li>5. Contract Oversight Specialist with the Bureau of Prisons (BOP) During the tour, the auditor asked random residents when staff did their rounds. Each resident advised that they never knew exactly when a staff member would come by, but would come several times daily. Likewise, staff advised that they checked hourly, but always at different times during the hour.</li> </ol> <p>On-Site Observations::</p> <p>AHS has 41 cameras throughout the facility to monitor all common areas, outside areas, parking lots, elevator, hallways, television rooms, dining rooms, entrances, training rooms, and laundry room. The average daily population for the past year has been 52 residents. Security staff continuously monitor the videos, with at least one person, usually two. The only time one officer leaves the control room is to make visual contact with the residents.</p> <p>The auditor had concerns that there are no windows on the doors of the female housing rooms. Each room can hold one to four females. This was discussed intensively with the Executive Director, who stated that the facility had no budget for the windows. Each door was a high quality fire door that could not be replaced at the with the same quality door. Staff advised that there have been no incidents during their rounds, after knocking and announcing themselves they simply walk in the rooms to check on occupants. The auditor also discussed this issue with the Contract Oversight Specialist with the Bureau of Prisons (BOP). He had no issues with the lack of windows. Since the BOP approves of the doors, the auditor finds the facility to be in compliance with this standard. However, it is strongly recommended that the AH consider budgeting for and replacing the doors or add windows to the doors currently in use.</p> <p>(a) The AH has developed and documented a staffing plan that provides for adequate levels of staffing, including video monitoring to protect residents against sexual abuse. As stated in both of the policies mentioned above, the staffing plan takes into consideration: (1) The physical layout of the facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuses; and (4) Any other relevant factors.</p> <p>(b) AH PREA Policy, page. 4 states, "Alpha House shall make its best efforts to comply with the staffing and video monitoring plan and in circumstances where it is not complied with, shall document and justify all deviations from the plan." The Executive Director advised that, as part of the overall staffing plan, she develops the staffing plan weekly in consideration of planned leave. If there is an unexpected staff absence, she calls upon one of her part-time staff to report for duty. Staff reported that, even during the height of COVID, they didn't miss work. Safety precautions were taken at the facility, and COVID didn't impact their ability to do their jobs.</p> <p>(c) The staffing plan was last reviewed on 2/10/22. At least once every year AHS reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility resources to commit to the staffing plan to ensure compliance with the staffing plan. During the most recent review, the determination was made to add a policy statement that requires pat-down searches be conducted in front of cameras.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

**115.215 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

- 1. The Alpha House of Springfield (AH) PAQ
- 2. AH Policies:
  - a. AH 1188 Contraband Area Searches
  - b. AH 1027B PREA POLICY
  - c. AH 1212 Accountability
- 3. Training Curriculum
- 4. Training Logs

Interviews:

- 1. Executive Director
- 2. Targeted Staff
- 3. Random Staff
- 4. Targeted Residents
- 5. Random Residents

Both staff and residents advised that residents were not routinely searched. The only exception being that they were always searched prior to a UA. Residents are not normally searched as they leave and enter the facility. Staff advised that they search only when there is a reason to believe the resident is "up to something".

Site Review Observation:

During the tour, it was noted that staff of the opposite gender always announced themselves prior to entering residents rooms. In the female housing unit, each room has a restroom, including a toilet, shower, and sink. No more than four females are placed in one room. The male housing area has four separate restrooms, each containing stalls, urinals, and individual shower stalls. PREA curtains provide privacy for showers.

(a) The Alpha House PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents, no cross-gender strip, and no cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff was zero.

P.S. 1188 states, "Routine pat searches of residents when returning to Alpha House in an attempt to prevent contraband will be conducted by persons of the same sex." Section "D" of the policy further states "Strip searches which requires the person to remove clothing other than outer garments are only authorized through the RRM and must be conducted by law enforcement or medical personnel. RRC staff are not authorized to conduct such searches". Based on the review of the Pre-audit questionnaire, policy, and according to the Executive Director, as well as staff and residents no such searches have been conducted.

(b) The Alpha House PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent 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 number of pat-down searches of female residents that were conducted by male staff was zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) was zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) was zero. Based on review of the PAQ, facility policy, as well as interviews with staff and residents, the facility does not permit or conduct cross-gender pat-down searches of female residents, absent exigent circumstances.

(c) The AH PAQ states the facility policy does require that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified as cross-gender strip searches and body cavity searches are not allowed. AH PREA Policy, page 4 states: "a)The facility shall not conduct cross-gender strip searches. b) The facility shall not permit cross gender pat down searches. c) The facility shall document all cross-gender strip searches". As provided in AH-1027B, pg. 4, "Alpha House shall not permit cross-gender pat-down searches of female residents, The facility shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision."

(d)-1 The AH PAQ states 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). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are residing. Facility PREA Policy, page 4 states "The facility shall enable resident to shower, perform bodily functions, and change clothing without non medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in extreme circumstances or when such viewing is incidental to routine room checks." Additionally, Policy AH 1212, Accountability, states: "Staff members of the opposite gender shall announce their presence when entering a residents housing unit." It is noted that the Bureau of Prisons does not allow cameras in either the sleeping areas or restrooms. As a result, staff take extra care in announcing themselves as they enter the sleeping, restroom, and shower areas. None of the residents interviewed complained about a lack of privacy.

(e) The Alpha House PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. No such searches (described in 115.215(e)-1) occurred in the past 12 months. Alpha House PREA Policy, page 4, states: "No staff member shall conduct a search of a transgender or intersex resident solely for the purpose of determining genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary by learning that information as part of a broader medical examination conducted in private by a medical practitioner." During the audit period, the Alpha House had one transgender female. Her status was known upon her arrival and she was not searched to determine her sexual status. If her status would have been unknown, her medical records would have been reviewed or she may have been sent to a physician as a part of a broader medical exam. A review of her case record and discussion with her case manager revealed that she was in the process of transitioning. She was placed in a double room in the male housing unit with no other occupant, and was allowed to shower alone.

(f) The AH PAQ states 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. AH PREA Policy 1027B, page 12 states, "Security staff employees shall be trained in how to conduct searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." Unit 4 of the Alpha House Training Curriculum is: Professional Boundaries Prohibiting Cross Gender Pat Downs Professional Boundary Scenarios, and 100% of staff have been trained.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. The Alpha House of Springfield (AH) PAQ
2. PREA MOU EMPOWER ABILITIES 2022
3. PREA MOU Ozark Translators 20228
4. AH PREA Policy 1027B
5. Resident Handbook, "Program Guide for Alpha House of Springfield, Inc."

Interviews:

1. Targeted Residents
2. Executive Director
3. PREA Coordinator/Case Manager
4. Case Managers

(a) The Alpha House PAQ states the facility 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 and sexual harassment. AH PREA Policy 1027B, page 4 states "Alpha House shall take appropriate steps, by partnering with Southwest Center for Independent Living, to ensure that residents with disabilities have equal opportunity to benefit from all aspects of our efforts to prevent, detect and respond to sexual abuse and sexual harassment. When needed such steps shall include: providing effective communication, providing access to impartial interpreters and provide written materials that provide effective communication for residents with disabilities." To implement the process of ensuring residents with disabilities have equal opportunity to benefit from all sexual safety programs, AH has entered into an MOU (effective 3/22/22) with Empower Abilities The agreement designates the PREA Coordinator as the contact person and states, in part: "This memorandum memorializes the agreement between the parties to ensure that Alpha House of Springfield, Inc. shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect and respond to sexual abuse and sexual harassment to resident's who have a disability."

All Alpha House residents are provided PREA information immediately upon arrival, during Intake. If the resident is unable to read, the officer will read the information to him/her or refer them to Ozark Translators. As provided in the MOU, Ozark Translators will will take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect and respond to sexual abuse and sexual harassment to resident's who have limited English proficiency, including providing interpreters who can interpret effectively, accurately, and impartially. As noted during a telephone interview with the Executive Director of Ozark Translators, LLC, the AH has not requested translation services during the past 12 months. A resident with some physical disabilities was interviewed. The resident displayed knowledge of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment, and knew how to report sexual abuse. The resident had no concerns for his own sexual safety.

(b) The Alpha House PAQ states the agency has established procedures to provide residents with limited English proficiency 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. The facility addresses compliance in AH PREA Policy 1027B. To ensure compliance with this provision, Alpha House has entered into an MOU with Ozark Translators. This memorandum memorializes their agreement to take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect and respond to sexual abuse and sexual harassment to resident's who have limited English proficiency, including providing interpreters who can interpret effectively, accurately, and impartially." At the time of the audit all residents spoke English as their first language. The Executive Director advised that during the audit period, all residents have been able to speak and understand English.

(c) The Alpha House of Springfield's PAQ states the facility 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 under §115.264, or the investigation of the resident's allegations. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used was zero. There has not been a in which an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

AH 1027B, page 5, states, "Alpha House shall not rely on resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first responder duties, or the investigation of a resident's allegations." Both targeted and random residents were aware that they were not to rely on other residents as interpreters, readers, or other type of resident assistants to assist with any sexual safety issues unless the situation was a dire emergency.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. The Alpha House of Springfield's (AH) PAQ
2. Application Ref Ck Annual Training
3. AH PREA Policy 1027B
4. AH Policy1026, pg. 2 Hiring
5. Previous Institutional Verification Form

Interviews:

1. Executive Director (H. R. Director)

Site Review Observation:

Ten employee files were randomly selected for review. It is noted that all hires and promotions are approved through the Bureau of Prisons, which adds another layer of insurance against hiring a sexual offender.

(a) The Alpha House PAQ states 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: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

AH PREA Policy 1027B, pages 6-7 states, "Alpha House shall not hire or promote anyone who may have contact with residents, or retain the services of any contractor who may have contact with resident who has engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or has been convicted of, or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force or coercion or if the victim did not consent or was unable to consent." During the interview, the Executive Director confirmed this information.

(b) AH PREA Policy 1027B, Hiring and Promotional Practices, pg. 7 mandates that the facility consider any incidents of sexual harassment in determine whether to hire or promote anyone or to retain the services of any contractor or volunteer who may have contact with residents. The Executive Director confirmed that the facility and the BOP make these considerations during the hiring or promotional process.

(c)-1 AH policy requires that 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. All employee files checked contained completed criminal background checks. The facility also sends a letter to prior institutional employers for information related to sexual abuse or resignation during a pending investigation for sexual abuse. The Executive Director confirmed that the facility contacts all previous institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of a sexual abuse allegation.

(c)-2: As provided in the PAQ, the facility has hired nine (9) new employees during the past year.

(d)-1: AH Policy1026, Hiring, page 2 requires that before working with federal clients, employees must have clearance from the NCIC/NLETS. Each of the 10 employee files reviewed included a completed background check. The Executive Director noted that all new hires must be approved by the Bureau of Prisons prior to beginning work. Background checks are conducted by the Bureau of Prisons. New background checks on all employees are conducted at each contract renewal.

(d)-2: No contractors have been hired during the past 12 months.

(e)-1: The Executive Director noted that all new hires must be approved by the Bureau of Prisons prior to beginning work. Background checks are conducted by the Bureau of Prisons. New background checks are conducted at each contract renewal or every five years.

(f) According to AHS Policy, all applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force

in the community to engage in sexual abuse. The Executive Director confirmed that, in addition to the questions on the employment application, she asks about previous sexual misconduct during the employment interview.

(g): AH Policy 1027B, Hiring and Promotional Practices, page 7 specifically states that omissions regarding such misconduct or false information shall be grounds for termination.

(h) The interview with the Executive Director confirmed the facility would provide this information if requested to do so. The facility provides 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.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:  1. Alpha House PAQ</p> <p>Interviews:  1. Executive Director  2. Head of Maintenance  3. Security Staff</p> <p>Site Review Observation: The facility has 41 cameras located in the Cafeteria, 1st and 2nd Floor Elevator, Television Rooms, Hallways, Women's Lounge, Sunroom, Entrance, and other outdoor locations. The facility is not allowed to have cameras in the residents' rooms or restrooms.</p> <p>(a) The Alpha House PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(b) The facility has not installed or updated their video monitoring system since the last audit. As noted by the Executive Director, as well as security/watch staff, they are in the process of purchasing an additional monitor for the control room.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. Alpha House PAQ
2. PREA MOU with Springfield Police Dept.
3. PREA MOU with Cox Health
4. PREA MOU Victim Center
5. PREA MOU Lime Creek
6. PS 1027B PREA Policy
7. Springfield Police Department - Investigation Policy

Interviews:

1. Executive Director (Investigator)
2. PREA Coordinator (Investigator)
3. Random Staff
4. Targeted Staff
5. Executive Director of the Victim Center

On-Site Observation:

Every staff interviewed clearly articulated first responder duties to include protecting, preserving and reporting. When each were asked where this information was located, staff interviewed advised that these duties were found in writing in the Control Room. During the tour, the auditor found this information in the Control Room. Staff interviewed articulated evidence collection protocols, including separating the victim and abuser, not allowing the alleged victim to eat, drink, or use the restroom, etc.. The investigator staff members clearly articulated protocols for investigation processes and understood the need for immediate action for sexual harassment and sexual abuse allegations

(a) AHS PREA Policy 1027B, page 9 requires that the Alpha House ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, policy requires that that allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The Springfield Police Department is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The facility provided an MOU signed by the Springfield Chief of Policy which confirmed that the Springfield Police Department will respond to and investigate any and all suspected criminal activity reported to the SPD, including crimes involving sexual assault at Alpha House of Springfield.

The Executive Director and PREA Coordinator have received training through the National Institute of Corrections titled: "Specialized Training: Investigation of Sexual Abuse in Confinement Settings. As noted in the NIC course description, the curriculum contains nine modules and includes content on PREA standards relating to investigations; case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases.

(b) The Alpha House PAQ, as well as AHS PREA Policy 1027B states the protocol being developmentally appropriate for youth is not applicable as the facility does not house youthful offenders. AHS Policy, as confirmed by the Executive Director states that the protocol was adapted from or 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.

(c) The Alpha House has an MOU with Cox Health which states that:

1. Cox Health Emergency Department agrees to provide a medical forensic examination by a Sexual Assault Nurse Examiner for all allegations of sexual abuse that involve penetration.
2. Cox Health/SANE agrees to provide documented results of the examination with proper documented authorization of release from the resident.

The Executive Director articulated that if an incident of sexual abuse occurred at the facility, AHS would immediately contact the Springfield Police Department, who would ensure the victim received a forensic exam by SANE. The victim would not incur any financial expenses. If, for any reason, a SANE wasn't available, a qualified medical practitioner would perform the forensic exam. The facility efforts to contact SANEs are documented via the MOU. In the event of sexual abuse, SANE would

provide documentation to the facility, if the resident signed a release of confidentiality. Likewise, the facility would document all aspects of the incident, including using SANEs in an incident report.

During the past 12 months, the number of forensic medical exams conducted, number of exams performed by SANEs/SAFEs, and number of exams performed by a qualified medical practitioner was zero.

(d) Alpha House policy states: "Alpha House will attempt to make available to the victim an advocate from The Victim Center or through the Community Treatment Program resources." Additionally, the facility provided an MOU with the Victim Center which states that the Center will provide services to any Alpha House resident who has been sexually abused. An additional MOU with Lime Creek Associates ensures that services will be provided to victims. Both MOUs state that all services will be provided free-of charge. The Executive Director of the Victim Center confirmed during a telephone interview that they provide advocacy services to victims of sexual abuse. Although she couldn't speak specifically to any cases from Alpha House, she stated that the Victim Center had a working arrangement with the facility to provide such services free of charge.

(e) The Alpha House PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. Alpha House PREA Policy, Coordinated Response, page 8 states that the facility offers the presence of a victim advocate or qualified staff member during exam. The facility's MOU with the Victim Center provides that the Center provides accompaniment (virtual services or a reasonable in-person accommodation if the victim cannot access virtual services) following a sexual assault at the facility. The PREA Coordinator confirmed that any victim of sexual assault would be supported through the forensic medical exam process, and provided emotional support, crisis intervention, information and referrals through the Victim Center. The Executive Director of the Victim Center likewise confirmed that the Center would provide such services free of charge.

(f) The Alpha House does not conduct criminal investigations into allegations of sexual abuse. They refer any allegations to the Springfield Police Department.

Alpha House PREA Policy, Conducting Investigations, pg. 9 states "Where sexual abuse is alleged, Alpha House will use law enforcement officials to investigate. Alpha House shall request that the investigating agency follow the DOJ requirements pertaining to investigations of incidents. Springfield Police Department will be immediately notified by the first responder in the event of a sexual assault. In addition to policy, the facility has a letter from the Springfield Chief of Police who states that the Springfield Police Department will investigate any crimes, including sexual offenses at the Alpha House.

(h) The Executive Director of the Victim Center specifically stated that the Center's staff was familiar with PREA requirements, and had received PREA training.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Alpha House PAQ
2. PS 1027B PREA POLICY.
3. Letter from the Springfield Police
4. Investigating Administrative Allegations of sexual abuse or harassment certificated for the Executive Director and PREA Coordinator.
5. AHS Website: thealphahouse.org

Interviews:

1. Executive Director
2. PREA Coordinator
3. Security Staff
4. Case Management Staff
5. Head of Maintenance
6. Random Residents
7. Targeted Residents

Every staff interviewed clearly articulated first responder duties to include protecting, preserving and reporting. When each were asked where this information was located, staff responses stated that this information is found in the control room and on the large screen television in the lobby. All residents, including those formally and informally interviewed understood how to report sexual abuse. Both the Executive Director and Executive Director are trained to conduct administrative investigations and both clearly articulated protocols for investigation processes.

On-Site Observations:

There were zero administrative investigations during the three years since the last PREA audit. During the tour of the facility, various residents addressed the Facility Director/PREA Manager demonstrating they not only knew her, but felt comfortable approaching her, as well.

(a) Alpha House PREA Policy, Investigation of Incidents, pg. 9 requires that the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment by use of the standard preponderance of evidence. In addition to staff being familiar with sexual abuse and harassment protocols, the residents were as well. Each of the 16 residents interviewed understood and were able to verbally explain reporting procedures. Administrative investigations would be conducted by either the Executive Director or PREA Coordinator, both of whom have received appropriate training. Criminal investigations would be conducted by the Springfield Police Department. The facility provided a letter from the Springfield Chief of Police stating the the SPD is responsible for conducting all such investigations at the Alpha House. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that resulted in an Administrative investigation, allegations referred for criminal investigation, or administrative or criminal allegations of sexual abuse or harassment to investigate.

(b) Alpha House PREA policy states, "Alpha House shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment by use of the standard preponderance of evidence." The facility has a letter signed by the Springfield Chief of Police which states the Springfield Police Department will conduct all investigations of sexual abuse investigations at the Alpha House. Additionally, both the Executive Director and the PREA Coordinator are trained to conduct administrative investigations into sexual abuse and harassment allegations. Alpha House Policy states that all allegation of sexual abuse be turned over to the Springdale Police Department (SPD) for investigation. The letter from the Springfield Police Department confirms their working relationship with the facility.

(c) The Alpha House website (thealphahouse.org) lists numerous methods for reporting sexual abuse allegations. The (SPD) is listed to take direct referrals from the resident, facility, or an interested third party. The website lists several ways of contacting the facility to relate an issue. Reporting Information located on the website is as follows:

Steps to Report a Violation:

1. Get to a safe place
2. Tell ANY staff person
3. You may talk to someone in person, send a cop-out, or have a family member or friend report it.
4. You may report by phone or anonymously.
5. You may call the police on your own or have a third party call.
6. Report it even if it happened in the past.
7. If you are a victim or you suspect someone else has been sexually abused or involved in sexual misconduct with a staff member, you need to report it.

As of the completion of the audit, there were no investigations of alleged sexual abuse of harassment to be documented.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Review:

1. Alpha House PAQ
2. PREA Staff Training (Acknowledgment)
3. PS 1027B PREA POLICY, pg. 11
4. PREA Training Videos
5. PREA Employee Training Curriculum
6. PREA Staff Training
7. Red Flags

Alpha House PREA Policy includes subsections (a)-1 through (a)-10 or standard 115.231:

"1. Alpha House shall train all employees who may have contact with residents on:

- a. Zero tolerance policy for sexual abuse, sexual harassment and retaliation
- b. How to fulfill responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment
- c. Resident's right to be free from sexual abuse and sexual harassment
- d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in confinement
- f. The common reactions of sexual abuse and sexual harassment victims
- g. How to detect and respond to signs of threatened and actual sexual abuse
- h. How to avoid inappropriate relationships with residents
- i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

Interviews:

1. Executive Director (Trainer)
2. Random Staff
3. PREA Coordinator (Investigator)
4. Random Staff
5. Random Residents
6. Targeted Residents

Every staff member interviewed, from one who had been employed for two weeks to those who had been at the facility for several years had an excellent working knowledge of the principles of PREA.

On-Site Observation:

Review of the 10 personnel files demonstrated random staff have received initial and annual training; and investigator staff had received training also mandated by this standard.

(a) The Alpha House PAQ and policy state the agency trains all employees who may have contact with residents on each of the subsections (a)-1 through (j)-10 of this standard. PREA Training curriculum was developed by The Moss Group, Inc as part of the contract deliverable for the National PREA Resource Center (PRC), a cooperative agreement between the National Council on Crime And Delinquency (NCCD) and the Bureau of Justice Assistance (BJA). The Prison Rape Elimination Act (PREA) standards as the basis for the curriculum's content and development, with the goal of the PREA Employee Training curriculum being to satisfy specific PREA standard requirements. Written training objectives are as follows:

Objectives:

Unit 1: The Prison Rape Elimination Act: Overview of the Law and Your Role

Unit 2: Inmate's Rights to be Free From Sexual Abuse and Sexual Harassment and Inmates' Rights to be Free From Retaliation for Reporting

Unit 3.1: Prevention and Detection of Sexual Abuse and Sexual Harassment

Unit 3.2: Response and Reporting of Sexual Abuse and Sexual Harassment

Unit 4: Professional Boundaries Prohibiting Cross Gender Pat Downs Professional Boundary Scenarios

Unit 5: Effective and Professional Communication with Inmates

The facility also provides staff with a brochure, "Red Flags" from the National Institute of Corrections which provides behaviors that may indicate staff misconduct.

Each employee file reviewed contained a signed and dated PREA Employee Acknowledgement Statement, stating: "I have read, reviewed and received training on the PREA Policy. I acknowledge that I understand Alpha House's position on zero-tolerance of sexual abuse and sexual harassment. and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately." Additionally each file contained employee sign-in sheets showing the employee attended initial, as well as annual PREA refresher training. Random and targeted employees interviewed discussed the major topics of this standard, and advised that they had learned the information through initial training, and it was reinforced during refresher trainings, including staff meetings.

The facility also provides staff with a brochure, 'Red Flags' from the National Institute of Corrections which provides behaviors that may indicate staff misconduct. Specialized staff includes two investigators (The Executive Director and PREA Coordinator) who have both received administrative investigation training, and provided their training certificates.

A review of the PREA training PowerPoint shows that all training points listed in this provision are covered.

(b) The Alpha House PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. Part of the training included search procedures. The facility houses both males and females. Male staff advised that they never conduct pat searches on female staff. Female staff have been trained to conduct pat searches on males, but according to both staff and residents, rarely do so.

(c) The AHS PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually. All random and targeted employees interviewed agreed that PREA training was provided upon employment and refresher training is held at least every other year.

AHS PREA Policy, Training, #3, page 13 provides that, "All current employees shall receive this training and the PREA Coordinator or designee shall provide each employee with refresher training every two years to ensure that all employees know current sexual abuse and sexual harassment policies and procedures. Refresher information shall also be provided in annual trainings." Interviews with random and targeted staff confirm the facility is following policy.

(d) Ten employee files were reviewed during the audit. Each employee had a signed document indicating they had received and understood PREA training.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. PREA Volunteer/Contractors form</li> <li>2. Signed Volunteer/Contractors form</li> <li>3. PREA Policy 1027B, Volunteer and Contractor Training, pg. 13 &amp; 14</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. Security Staff</li> </ol> <p>On-Site Observations:</p> <p>A large television monitor is mounted to the wall in the lobby. The monitor immediately catches the eye of any person, including contractors and volunteers who enters the area. The screen displays the facility's zero-tolerance policy, as well as policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Prior to entering the facility, the auditor was first directed to view PREA information on display, then provided with the information in written form (Prison Rape Elimination Act - Contractors/Volunteers training acknowledgment. After signing that she received the information, the auditor entered the facility.</p> <p>(a) AHS policy requires that the Human Resources Manager or Administrative designee shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under Alpha House's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility's Prison Rape Elimination Act - Contractors/Volunteers is used to provide and document such training. The form includes the facility's zero-tolerance policy, the reporting mechanism, as well as information on how to prevent and detect sexual abuse and harassment.</p> <p>(b) AHS PREA Policy 1027B, Volunteer and Contractor Training, pg. 14 states: "The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with the residents, but all volunteers and contractors who have contact with residents shall be notified of our zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents." After reviewing the the Prison Rape Elimination Act - Contractors/Volunteers form, interviewing the Executive Director, and undergoing the training process as a contractor (auditor), it is determined that all volunteers and contractors receive more than adequate PREA training for any job they may have within the facility.</p> <p>(c) The Alpha House PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. Facility policy reiterates this statement: "Contractors and vendors will receive the PREA informational brochure and confirm with their signature their understanding of the zero-tolerance policy." A review of a volunteer's training, as well as the auditor's on-site training confirms the facility's compliance with this provision.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.233	<b>Resident education</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 483 300">Documentation Review:</p> <ol data-bbox="242 329 528 421" style="list-style-type: none"> <li>1. PREA Intake Form Initial</li> <li>2. PS 1027B PREA POLICY</li> <li>3. Resident Case Files</li> </ol> <p data-bbox="242 454 352 483">Interviews:</p> <ol data-bbox="242 488 467 613" style="list-style-type: none"> <li>1. Targeted Residents</li> <li>2. Random Residents</li> <li>3. Case Managers</li> <li>4. Security Staff</li> </ol> <p data-bbox="242 645 467 674">On-Site Observations:</p> <p data-bbox="242 678 1445 739">Interviews with the 13 random and three targeted residents, each reported their knowledge of PREA, reporting options to staff, third parties and or phone numbers posted throughout the facility.</p> <p data-bbox="242 770 1493 929">(a): In addition to AHS PREA Policy which mandates that during the intake process, residents receive information explaining Alpha House’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, residents receive and sign their understanding of such information at time of intake on the Initial PREA Intake Form. The form was included in every case file reviewed; random and targeted residents, as well as watch staff interviewed articulated that residents are provided this information at intake.</p> <p data-bbox="242 960 1477 1052">(b) As stated in the Alpha House PAQ, there has been one resident transferred to the facility from a different community confinement center during the past twelve (12) months. As confirmed by the Executive Director, this resident was treated as a new resident, and as such provided PREA information upon intake.</p> <p data-bbox="242 1084 1489 1480">(c) AHS policy states that within 72 hours of intake, Alpha House Case Managers provide and document comprehensive education to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and Alpha House’s policies and procedures for responding to such incidents. This information shall be available in alternate formats for those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to residents who have limited reading skills. The policy further advised that Alpha House shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect and respond to sexual abuse and sexual harassment to resident’s who have limited English proficiency, including providing interpreters who can interpret effectively, accurately, and impartially. Alpha House will employ the services of Ozark Translators LLC when such services are needed. The facility provided an MOU with Ozark Translators LLC to confirm their availability if such needs arise. Documentation that residents have received PREA education is maintained in resident files and signed by the resident. Both targeted and random residents verbalized their receipt of PREA education, with several noting that as part of their training, the Case Managers showed them the PREA Video.</p> <p data-bbox="242 1512 1469 1572">(d) All case files reviewed contained documentation of the resident's PREA Training. Each resident signed their receipt and understanding of the PREA education.</p> <p data-bbox="242 1603 1457 1664">(e) During the tour, the auditor noted that PREA information was continuously displayed on the monitor in the lobby. Additionally, PREA information was displayed on bulletin boards in the hallways of the men's and women's housing areas.</p> <p data-bbox="242 1695 1406 1724">After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.234	<p><b>Specialized training: Investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AHS Policy 1027B</li> <li>2. Training Certificates for Executive Director and PREA Coordinator</li> <li>3. National Institute of Corrections (NIC) course outline for Specialized Training: Investigating Sexual Abuse in Confinement Settings.</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> </ol> <p>During the interview process, both investigators were able to articulate their duties and responsibilities as investigators.</p> <p>On-Site Observations:</p> <p>During the audit period, there have been no administrative or criminal investigations at the facility.</p> <p>(a) As required by the standard, AHS policy requires that investigators are trained in conducting sexual abuse investigations. Specifically, AHS Policy 1027B, Investigations, pg. 10, states: "All investigations into allegations of sexual abuse and sexual harassment conducted by trained investigators including the PREA Coordinator and Executive Director will be done promptly, thoroughly, and objectively and include third party and anonymous reports." The facility provided training certificates for both the Executive Director and the PREA Coordinator." By having both positions trained, the facility met both the standard and its own policy.</p> <p>(b) The training was provided through the National Institute of Corrections and is titled: "Specialized Training: Investigation of Sexual Abuse in Confinement Settings. As noted in the NIC course description, the curriculum contains nine modules and includes content on PREA standards relating to investigations; case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases.</p> <p>(c): The facility provided training certificates for both the Executive Director and PREA Coordinator.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>
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115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AHS PREA Policy 1027, Coordinated Response, pg. 9</li> <li>2. MOU with COX Health</li> </ol> <p>Interview:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> </ol> <p>(a) - (d): AHS does not have full or part-time medical or mental health care practitioners who work in the facility. If an incident of sexual abuse were to occur, they would contact the Springfield Police who would ensure a forensic exam with a SANE nurse would take place. In addition to a letter from the Springfield Chief of Police, an MOU with Cox Health confirms this arrangement. The Executive Director explained the process the facility would use in the event of an incident of sexual abuse.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

**115.241 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation Review:

- 1. AHS PREA Policy 1027B
- 2. AHS PREA Policy 1027B Attachment 3, Page, Self Screening
- 3. AHS PREA Policy 1027B Attachment 3, Page 2
- 4. AHS PREA Policy 1027B Attachment 2, PREA Orientation

Interviews:

- 1. Executive Director
- 2. PREA Coordinator
- 3. Case Manager
- 4. Random Residents
- 5. Targeted Residents

On-Site Observation:

Each of the eleven resident files reviewed contained both an initial and 30-day risk assessment for sexual abuse. Risk assessments are completed in writing by the case manager and resident. Every assessment reviewed contained notes by the case manager regarding the resident's potential for victimization. Notes were thoughtful and more detailed than a computerized version of the assessment.

(a) AHS Policy states, "Residents shall be assessed during an intake screening and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents." Case Managers report and resident file reviews indicate that the risk assessment is conducted for every new and transferred resident.

(b): AHS Policy states: "Intake screening shall ordinarily take place within 72 hours of arrival at the facility". A review of resident files indicated that risk assessments are conducted within 72 hours of admission. Residents interviewed recalled being given the risk assessment when they initially met with their case manager. The PREA Coordinator, case managers, and residents agreed that the initial meeting between a resident and case manager takes place shortly after their placement in the facility, within seventy-two hours of admission.

As provided in the PAQ 206 residents have been admitted and screened for risk of sexual abuse in the past 12 months.

(c): AHS PREA policy states that risk assessments are conducted using an objective screening instrument. A review of the facility's risk assessment indicates that each question is asked objectively, and the answers are scored to determine whether a resident is at risk for sexual victimization or for sexual abusiveness. Risk assessments reviewed indicate that the case manager talks to residents who score high risk for sexual abuse to determine if they feel safe in their current housing. Case managers write notes on the risk assessment form, including whether special housing is or is not necessary. Random and targeted residents interviewed report feeling safe in their housing units.

788888(d) The Risk Assessment contains the following questions, which cover all areas required by provisions (d) and (e):

- 1. Do you have a mental, physical, or developmental disability
- 2. Is your age younger than 23 or older than 61
- 3. Are you:
  - a. Male less than 5'-7" tall and/or less than 140 lbs.
  - b. Female less than 5' tall and/or less than 118 lbs.
- 4. Is your current offense the first time you have been incarcerated (prison and/or jail)
- 5. Do you have a non-violent history
- 6. Do you have a current or prior conviction(s) for sex offenses against an adult or child
- 7. Is your sexual orientation perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- 8. Have you been a victim of sexual assault, molestation or rape
- 9. Do you believe you are vulnerable to be sexually assaulted
- 10. Have you committed acts of sexual assault, molestation, or rape (at any time in life)
- 11. Do you have a current or prior conviction(s) for a violent offense (Missouri Statute)
- 12. Do you have a history of institutional violence or sexual abuse

AHS PREA Policy further requires each of the following elements to be considered on the risk assessment screening form:

- 1. Whether resident has a mental, physical or developmental disability
- 2. Age of resident

3. Physical build of the resident
4. Whether resident has been previously incarcerated
5. Whether resident's criminal history is exclusively nonviolent
6. Whether resident has prior convictions for sex offenses against an adult or child
7. Whether resident is or is perceived to be gay, lesbian, bisexual, transgender, inter-sex or gender non-conforming
8. Whether the resident has previously experienced sexual victimization
9. The residents perception of his or her own vulnerability to sexual abuse or sexual harassment
10. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to Alpha House in assessing resident for risk of being sexually abusive.

Residents recalled being asked several questions, including whether they had been sexually abused in the past. Two residents had disclosed prior sexual abuse during their risk assessment screening. Each resident advised that he had been immediately offered support services, but both declined.

(f) & (g): AHS PREA Policy 1027B, Screening of Residents, pg. 5, states: "They [residents] will get a second screening within 30 days after arrival.... A resident's risk level shall be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness." The risk assessment review was completed within 30 days in every case reviewed. The PREA Coordinator, who also serves as a case manager, noted that she tracks each resident assigned to her to ensure she conducts the risk reassessment in a timely fashion.

As provided in the PAQ, 200 of the 206 residents admitted during the past 12 months remained at the facility longer than 30 days. All 200 were reassessed for sexual abuse or abusiveness during their stay. Case managers and the PREA Coordinator did not relate any incidents during the past 12 months that required a resident to have an additional risk reassessment.

(h): AHS PREA Policy 1027B, Screening of Residents, pg. 5, states: "Residents may not be disciplined for refusing to answer or not disclosing information related to items in (d) above." It is noted that the reference is to the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability, which are included on the Risk Assessment Instrument. Residents interviewed stated they understood they weren't required to answer all questions, but did so anyway.

(j) AHS policy/procedure is that Information from the screening instrument is limited to Case Manager, PREA Coordinator and Executive Director. Such appropriate controls shall be maintained to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The PREA Coordinator and case managers articulated the importance of keeping information from the screening instrument confidential. Case files are maintained in locked file cabinets in the individual case manager's office. Office doors are locked when not occupied.

Conclusion:

The format of the risk assessment screening requires that the resident and the case manager work together to obtain an objective assessment of the resident's risk of being sexually abused or abusive. By the nature of the instrument and facility policy, the resident is required to complete the self-assessment with the case manager and subsequently discuss any issues or perceived issues. As noted during interviews with staff and residents, residents are offered supportive services, if needed. and when necessary, housing is also discussed. The facility uses their risk assessment as a working document, not a simple checklist. Hand written notes on the assessments mention housing, supportive services offered, and in one case, hormone treatment to be provided. For these reasons, the auditor finds that the facility exceeds this standard.

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> <li>1. PS 1027B PREA POLICY</li> <li>2. Resident Case Files</li> <li>3. PS 1027B Attachment 3 Pg. 2</li> <li>4. PS 1027B Attachment 3 Pg. 1 Self Screening</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Case Managers</li> <li>2. Random Residents</li> <li>3. Targeted Residents</li> <li>4. Watch Staff</li> <li>5. Executive Director</li> <li>6. PREA Coordinator</li> </ol> <p>On Site Observation:</p> <p>Residents interviewed reporting feeling safe and believing they were not housed based on identification. Although the program had no gay resident at the time of the onsite, staff interviewed spoke of a transgender who was previously placed in the facility. The transgender was said to have her own private room, without a roommate and was able to toilet privately. Her screening assessment identified her as a transgender female, who was in the process of transitioning. She advised her case manager that she was okay with living in male housing as long as she could have access to her hormone medications. Discussions with the case manager confirmed that her thoughts relating to housing were considered prior to assigning her room.</p> <p>(a) Alpha House PREA Policy 1027B states that the facility will "use 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". Housing is initially assigned at Intake. Within seventy-two hours of arrival, the assigned case manager, has the resident complete a PREA risk screening assessment. Case Managers collectively stated that if the risk assessment identifies the resident as a potential victim or perpetrator, they would make the necessary housing adjustment. The Executive Director advised that the Bureau of Prison's goal in sending residents to the facility was for the residents to have a successful re-entry into the community. The majority of residents are there to make the best use of the facility's programs, including work, obtaining education, or acquiring resources (Social Security, SSI, etc.). Due to the mission of the facility, the BOP rarely, if ever places a sexual offender at the facility.</p> <p>(b) Compliance with this provision is demonstrated by the housing and treatment efforts on behalf of the previously discussed transgender. A case review and interviews with administration and case management staff verify that staff made determinations specifically for this resident to ensure her safety.</p> <p>(c) AHS Policy specifically states, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case by case basis whether a placement would ensure the residents health and safety and whether the placement would present management or security problems". As confirmed by the transgender resident's case file and staff interviews, housing decision was made based on safety and security issues.</p> <p>Interviews facility administrators, watch staff, and case managers indicated that every effort is made to ensure adherence to this policy. Targeted and random residents collectively agreed that they had no concerns for sexual safety in this facility.</p> <p>(d) AHS Policy specifically states, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case by case basis whether a placement would ensure the residents health and safety and whether the placement would present management or security problems". As confirmed by the case record and interviews, each of these elements were considered in the transgender resident's housing decision. The Executive Director confirmed that no intersex resident has been placed at the facility during the audit period.</p> <p>(e) Staff interviews indicated that transgender and inter-sex residents shall be given the opportunity to shower separately from other residents. Showers are configured in such a way as to provide privacy and each resident may choose when they shower.</p> <p>(f) AHS PREA Policy 1027 allows transgender and intersex residents to shower privately. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The restroom/showers were observed and were configured for a reasonable amount of privacy. Targeted and random resident interviews revealed there</p>

is no special housing based on how resident identifies, which was also supported by staff interviews and observations.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Review:

1. PS 1027B Attachment 2 PREA Orientation
2. PS 1027B Attachment 1 PREA Intake
3. Reporting Slide
4. PS 1109 Program Guide 2022
5. PREA MOU Springfield Police 2022
6. IMG\_4215 (002).
7. PS 1027B PREA POLICY
8. Alpha House Employee Handbook
9. Resident Case Files

Interviews:

1. Security Staff
2. Executive Director
3. Random Residents
4. Targeted Residents

On Site Observations:

Staff and residents interviewed were comfortable reporting verbally to any staff. With one exception, all residents interviewed stated he or she would report to staff verbally. One resident advised that he knew how to report, but would "probably not". The PREA monitor located in the lobby continuously rotated information, including internal, external and advocate information. Residents are allowed to have their cell phones at all times and may use those phones for reporting purposes.

(a) AHS has established policies allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. Upon intake, each resident is advised in writing of multiple ways they can report sexual abuse or harassment and are also provided with the pamphlet, "Sexual Assault and Sexual Misconduct". Each resident signs the form indicating their understanding. During orientation, residents are provided with a written PREA Orientation form which specifies each aspect of this provision. Residents sign their receipt and understanding of the information and a copy is maintained in their case file. Every case file reviewed included signed PREA Intake and Orientation forms, In addition to residents verbally described reporting methods, they knew and understood the facility's policy regarding no retaliation.

(b) Alpha House PREA Policy, 1027, Resident Reporting states that residents may report sexual abuse to a public or private entity that is not part of Alpha House by use of cell phone or telephone. The facility provided a letter from the Springfield Chief of Policy which confirms their Department will take calls and investigate any allegations of sexual abuse from the facility. Residents are provided this information at intake and orientation in writing, as confirmed through interviews with case managers, security staff, and PREA Coordinator. Information regarding how to report is included in the Brochure, "Sexual Assault and Misconduct". All residents interviewed articulated they could report sexual abuse by contacting a staff member or calling 911.

(c) AHS Policy 1027B mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Any staff member who has knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment immediately report such incident or retaliation, to the Executive Director or PREA Coordinator. 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 the facility, whether or not it is part of the agency. "The Employee Handbook" further describes each employee's duty to immediately write a report of the incident and details the type of information to be included in the report. The PREA Coordinator and Executive Director confirmed that there have been no reports of sexual abuse of harassment during the past audit period, but that staff have been trained on reporting requirements. Staff interviewed were knowledgeable of the requirement to accept any and all reports of sexual abuse.

(d) Alpha House policy allows staff to privately report sexual abuse and sexual harassment of residents to the Executive Director in writing at 2300 E. Division St. Springfield, MO 65803. The staff interviews indicated that can privately report allegations of sexual abuse. The interviews indicated that a report can be made privately by using their cell phones,, emailing administrative staff; and/or privately contacting the Executive Director. Staff were aware that information concerning an event of offender sexual abuse or sexual harassment is to be treated as confidential. Apart from reporting to designated Duty Officers or officials, staff may not reveal any information related to a sexual abuse/harassment report to anyone other to the

extent necessary, as specified in AHS Policy and detailed in the "Employee Handbook". As provided in the Handbook, : "Any Alpha House staff member who receives a report of sexual misconduct, abuse or assault will immediately notify the Executive Director. During evening and morning hours the Administrative Duty Officer will be notified. Alpha House Administrative staff will immediately report all sexual misconduct, abuse, assault allegations to the Federal Bureau of Prisons Residential Reentry Manager (RRM) in Kansas City, Kansas. Please note: Rape is a felony. Rape incidents must also be reported to the police by dialing 911.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

**115.252 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Review:

1. AHS PREA Policy 1027B, Resident Grievances, pages 7 and 8
2. AHS PREA Policy 1027B, Third-Party Reporting Requirements, page 8
3. AHS PREA Policy 1027B, Emergency Grievances, page 6
4. Resident Disciplinary Logs

Interviews:

1. Executive Director
2. Random Residents
3. Targeted Residents
4. PREA Coordinator

On-site Observation:

Any resident who wants to file a grievance while at the Alpha House of Springfield, would submit it directly to the Bureau of Prisons. Otherwise grievances are handled informally. For example, a resident might request moving from the upper bunk to the lower one. Since such requests are not considered grievances, they are not documented. If a resident has a formal grievance, they would file it directly with the Bureau of Prisons. The Executive Director would not necessarily be aware of the filing. During the audit period, no grievances that the Executive Director was aware of were filed. Although residents were aware that they could file a grievance to report sexual abuse, none chose the grievance procedure as the method they would use to report.

(a) AHS PREA Policy 1027B, Resident Grievances, pages 7 and 8 sets forth an administrative procedure for dealing with resident grievances regarding sexual abuse. The auditor confirmed through staff and resident interviews, as well as a review of resident case files that no grievances related to sexual abuse have been filed.

(b) AHS PREA Policy states that the facility will not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse, nor does it require that a resident filing a sexual abuse complaint must Facility policy does not require a resident to file an informal grievance regarding an incident of sexual abuse, or attempt to resolve it with staff. Any allegation made by a resident, written, the PREA Policy that would restrict the facility's ability to defend against a lawsuit filed by a resident on the grounds that the applicable statute of limitations has expired.

(c) AHS PREA Policy states: "Alpha House will 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 and such grievance is not referred to a staff member who is the subject of the complaint." The Executive Director advised that a resident could skip the facility's informal grievance procedures, and file a formal grievance directly to the Bureau of Prisons. They could do so without notifying AHS staff of the nature of the grievance. There are no time-limits on such grievances, and filing directly with the Bureau of Prisons prevents any involvement with the staff person alleged to be involved in the incident.

(d) If the Bureau of Prisons returned the grievance to the AH for investigation, AHS PREA Policy requires that; The Alpha House shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by resident in preparing any administrative appeal. Alpha House may claim an extension of time to respond of up to 70 days if the normal time period is insufficient to make a decision and will notify the resident in writing of any such extension. At any level if the resident does not get a response they may consider the absence of a response to be a denial. Alpha House may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith."

In the past 12 months, no grievances were filed that alleged sexual abuse: In the past 12 months, there were no grievances alleging sexual abuse that reached final decision within 90 days after being filed: In the past 12 months, no grievances alleging sexual abuse that reached final decision within 90 days after being filed: There were no cases where the facility requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. The facility would always notify a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

(e) AHS PREA Policy, Third-Party Reporting Rules state: "a. Third-party reports of sexual abuse and sexual harassment can be made by fellow residents, family members, attorneys, and outside advocates. Staff shall accept reports made verbally, in writing, and anonymously from third parties and shall promptly document any verbal reports. Third parties, including fellow residents, staff members, family member, attorneys and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests

on behalf of residents." Residents and staff interviewed understood that reports of sexual abuse can be made to the facility in any form, i.e., written, verbal. Staff articulated that they would provide assistance to the person making the report if requested. Additionally, information relating to third-party reporting is found in the "Program Guide" and is posted on bulletin boards in the housing units and on the Information Monitor, located in the lobby.

AHS PREA Policy further states: "If a third party files such a request on behalf of a resident the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, Alpha House shall document the resident's decision."

No grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline.

(f) AHS has established policy regarding emergency grievances. The policy states: "Residents may file an emergency grievance alleging they are at risk of imminent sexual abuse. Upon receiving a grievance staff will forward the grievance to the PREA Coordinator, provide an initial response within 48 hours and issue a final decision within five calendar days. Documentation and action taken to determine whether the resident was at substantial risk of imminent sexual abuse will be filed with the PREA Coordinator." Interviews with staff and residents indicate that no such grievances have been filed during the past 12 months.

(g) AHS PREA Policy states that the facility may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. Both the Executive Director and PREA Coordinator agreed that no resident has been disciplined for filing a grievance related to sexual abuse in bad faith. A review of the Disciplinary Log indicated that there have been no disciplinary hearings for falsely filing such a grievance.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. The Alpha House of Springfield's (AH) PREA Policy 1027B</li> <li>2. "Program Guide" (for Residents)</li> <li>3. MOU with the Victim Center</li> <li>4. MOU with Lime Creek</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Case Managers</li> <li>3. Random Residents</li> <li>4. Targeted Residents</li> <li>5. Executive Director of the Victim Center</li> </ol> <p>On-site Observation:</p> <p>An informational monitor in the facility lobby continuously displays PREA sexual safety information. The 78" monitor is immediately observable upon entering the area. Information displayed includes: mailing addresses and telephone numbers for the Victim Center, a local advocacy, crisis intervention, support center for victims of sexual abuse. Staff and residents interviewed informally and formally were aware of outside advocates. The toll-free phone number for the National Sexual Assault Hotline, as well as the phone number and address for The Victim Center was posted on bulletin boards throughout the male and female housing units. The facility has two phones in the male housing area, and one located in female housing. Additionally, almost every resident has a cell phone that they can use to confidentially contact and request services.</p> <p>(a) In addition to information posted on bulletin boards and the informational monitor, the toll-free number for National Sexual Assault Hotline, as well as the phone number and address for The Victim Center is provided to residents in the "Program Guide". This guide is mailed to future residents prior to their transfer to the AH. If an inmate arrives at the facility without the "Program Guide". they are given another one. Residents interviewed were aware of the services provided through the Victim Center. Two residents who had previously been sexually abused articulated that their case managers had specifically offered such services, but they declined.</p> <p>(b) AHS PREA Policy provides that the facility informs residents prior to giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality and privilege that apply to disclosure of sexual abuse made to outside victim advocates. Residents may make confidential phone calls to the Victim Center on their cell phones. The Executive Director of the Victim Center explained that prior to receiving services, residents must sign their consent to mandatory reporting requirements. In the event that the Victim Center is unable to provide emotional support services, the AHS has a secondary MOU with Lime Creek Associates to provide services approved through the Bureau of Prisons.</p> <p>(c) In the event that the Victim Center is unable to provide emotional support services, the AH has a secondary MOU with Lime Creek Associates to provide services approved through the Bureau of Prisons. The Executive Director maintains copies of the MOUs in her office.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 485 300">Documentation Review:</p> <ol data-bbox="242 304 960 367" style="list-style-type: none"> <li data-bbox="242 304 960 331">1. AHS PREA Policy 1027B, Third-Party reporting requirements, page 8</li> <li data-bbox="242 336 635 362">2. "Program Guide", revised April 2022</li> </ol> <p data-bbox="242 398 354 425">Interviews:</p> <ol data-bbox="242 430 469 555" style="list-style-type: none"> <li data-bbox="242 430 459 456">1. PREA Coordinator</li> <li data-bbox="242 461 462 488">2. Random Residents</li> <li data-bbox="242 492 469 519">3. Targeted Residents</li> <li data-bbox="242 524 411 551">4. Random Staff</li> </ol> <p data-bbox="242 564 1497 689">Both staff and residents interviewed understood that a third-party could report sexual abuse or misconduct to the facility or police. Residents noted that that information was found in the "Program Guide". Staff advised that they would make the report to their supervisor, who would immediately send the complaint through the chain of command. The PREA Coordinator advised that she would initiate an investigation immediately.</p> <p data-bbox="242 721 469 748">On-Site Observations:</p> <p data-bbox="242 752 1497 949">The Informational Monitor located in the public area of the facility provides specific information on reporting sexual abuse, including third-party reporting. Prior to entering the AH's secure area, the auditor was provided given written information on the facility's PREA Responsibilities, including third-party reporting. Once the auditor had signed her acknowledgement and understanding of these rules, she was allowed entry into the facility. During the tour, the auditor noted specific information relating to reporting sexual abuse or misconduct, including third-party reporting, was posted on each of the six bulletin boards located in the male and female housing units.</p> <p data-bbox="242 981 1497 1178">(a) AHS policy states that third-party reports of sexual abuse and sexual harassment can be made by fellow residents, family members, attorneys, and outside advocates, and that third-parties are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents. Residents noted that they received this information in the "Program Guide". Both staff and residents were aware that third party reports could either be made to the police or by contacting the facility. The PREA Coordinator advised that she would immediately investigate any third-party report of sexual abuse.</p> <p data-bbox="242 1209 1410 1236">After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:  1. The Alpha House of Springfield (AH) PREA Policy 1027B, Staff Reporting Rules, page 8</p> <p>Interviews:  1. Case Management Staff  2. Watch Staff  3. Head of Maintenance  4. Random Residents  5. Targeted Residents</p> <p>Interviews with each staff and residents demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.</p> <p>(a) AHS PREA Policy requires that any staff member who has knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment: retaliation against residents or staff who reported such an incident: and any staff neglect that may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, to the Executive Director or PREA Coordinator. Additionally, the PREA training PowerPoint presentation for employees includes reporting requirement for sexual abuse, retaliation, and any staff neglect that may have contributed to such an incident. Staff members interviewed understood their reporting requirements, and articulated that they would immediately report to their supervisor any knowledge or suspicion of sexual abuse or retaliation.</p> <p>(b) AH PREA Policy acknowledges that apart from reporting to designated supervisors or officials, staff will not reveal any information related to a sexual abuse report to anyone except those who have a need to know. Case managers articulated that if one of their assigned residents was victim of sexual abuse, any information about that case would only be shared internally by the person reporting (or supervisor), case manager, PREA Coordinator, and Executive Director. Information would only be shared with an outside agency in making referrals for treatment, counseling, or support services, or for investigations. Watch staff articulated the requirement for confidentiality. Note: The Bureau of Prisons is not considered an outside agency. All allegations, investigations, and findings are reported to that agency.</p> <p>(c) As noted in AHS PREA Policy, medical and mental health practitioners shall report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect pursuant to this section. This information shall be provided to residents in writing, at the initiation of services. An interview with the Executive Director of Victim Services indicated that she and her staff have been trained in PREA and are aware of their reporting requirements. Residents are required to sign a release of information explaining and agreeing to the Center's reporting requirements prior to the Center's reporting to the facility.</p> <p>(d) This provision is not applicable to the Alpha House of Springfield because the facility does not accept residents under the age of 18.</p> <p>(e) 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 the facility, whether or not it is part of the agency. Staff are required to immediately report such incident or retaliation, to the Executive Director or PREA Coordinator, both of whom are trained investigators. The Executive Director confirmed that anonymous or third-party reports would be taken as seriously as any report from a known source.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AH PREA Policy 1027B, Protection of Resident's Facing Substantial Risk, page 6</li> <li>2. Resident Case File (Transgender Resident)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> <li>3. Targeted Case Manager</li> <li>4. Targeted Residents</li> <li>5. Random Residents</li> </ol> <p>Interviews of random residents and residents who had previously reported sexual abuse indicated that they felt safe from any type of sexual abuse at the facility.</p> <p>On-site Observations:</p> <p>AHS PREA Policy covers this standard by stating that when Alpha House learns that a resident is subject to a substantial risk of imminent sexual abuse it shall take immediate action to protect the resident, and their PAQ states that no residents have been at substantial risk of being sexually abused during the past twelve months. However, through the interview process, the auditor learned that one transgender resident had been placed in the facility during the audit period. Although staff did not believe the resident was in imminent danger of being sexually abused, they took great care to ensure her safety. After completing the risk assessment screening for sexual abuse, the case manager ensured she was housed safely, had frequent meetings with her, and worked to expeditiously place her in own-home confinement outside of the facility. Notes in the resident's file confirmed the efforts.</p> <p>The PREA Coordinator articulated that if information was received regarding a resident's being at-risk of sexual abuse, immediate action would include the separating the residents, placing them in different housing units, and notifying the Duty Officer to ensure there was adequate supervision to provide safety. Random staff interviewed knew and understood that as part of their first responder duties, they were to take immediate steps to protect at-risk residents, including separating the victim and potential perpetrators.</p> <p>Conclusion:</p> <p>Interviews with facility staff and residents, as well as a review of resident file information indicates that the facility has gone above and beyond policy requirements to ensure the safety of its residents, including a transgender resident who was not considered in immediate danger of sexual abuse. For this reason, the auditor finds that the facility exceeded requirements of this standard.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:  1. AHS PREA Policy 1027B, Reporting to Other Confinement Agencies, page 9</p> <p>Interview:  1. Executive Director  The interview with Executive Director confirms her understanding that as the agency head, she is the sole staff member with the authority to communicate an issue of sexual abuse to another director of a confinement setting. If such a report was received, she would immediately begin an investigation.</p> <p>On-site Observation:  During the audit period, the facility has not received allegations that a resident was sexually abused in another residential facility. Likewise, during the audit period, the facility has not received allegations of sexual abuse from other facilities:</p> <p>(a) AHS REA Policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>(b) AHS Policy further states that notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>(c) To provide documentation that it has met the time frame established in this standard, notifications will be made by certified mail with a return receipt to document it was received. Alpha House will document that it has provided such notification in the PREA Binder.</p> <p>(d) AHS policy requires that if Alpha House receive such notification from another agency it will be investigated by the PREA Coordinator.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.264	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AH PREA Policy 1027B, Immediate Steps After Receiving Report of Incident, page 9</li> <li>2. AH PREA Policy 1027B, Attachment 4, page 2, "First Responder Reporting Responsibilities"</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random staff</li> <li>2. Specialized staff</li> <li>3. Senior Case Manager/Facility Investigator</li> <li>4. Case Manager</li> </ol> <p>Interviews with interviewed demonstrated they were aware of their first responder responsibilities. Staff stated reporting information is posted on the Information Monitor, as well as bulletin boards in the housing units, and they have access to the information in the Control Center. The PREA Coordinator/Case Manager/Investigator concurred that when staff and report allegations of abuse, each would respond as is designed through facility protocols.</p> <p>On-Site Observation:</p> <p>During the facility tour, the auditor noted that reporting information was posted on all bulletin boards, as well as on the Information Monitor in the lobby. The auditor was shown where a copy of the reporting instructions was maintained in the Control Center.</p> <p>(a) AH PREA Policy requires that any staff member, regardless of their job position, do the following upon learning of an incident of sexual abuse:</p> <ol style="list-style-type: none"> <li>1. Separate Victim from the alleged perpetrator.</li> <li>2. Contact Law Enforcement (Springfield Police Department)</li> <li>3. Preserve and protect any crime scene by one staff remaining at the scene until Law Enforcement arrives.</li> <li>4. If the abuse occurred within a recent time period that allows for the collection of physical evidence, request that the alleged victim-and ensure that the alleged abuser-not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</li> <li>5. Notify the PREA Coordinator and appropriate medical practitioners including emergency medical treatment and crisis intervention services.</li> </ol> <p>During the audit period, there have been no allegations of a resident being sexually abused.</p> <p>(b) The Alpha House of Springfield PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. AH staff who are not considered first responders advised that in such a situation, they would notify the Duty Officer. Non-first responder staff interviewed were able to articulate the first responder duties, including requesting that the alleged victim not take any actions that could destroy physical evidence. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.265	<b>Coordinated response</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 486 300">Documentation Review:</p> <ol data-bbox="242 304 750 465" style="list-style-type: none"> <li>1. AH PREA Policy 1027B, Coordinated Response</li> <li>2. MOU with the Victim Center</li> <li>3. Letter from the Springfield Chief of Police</li> <li>4. MOU with Cox Health</li> <li>5. First Responder Flow Chart</li> </ol> <p data-bbox="242 499 359 528">Interviews:</p> <ol data-bbox="242 533 454 622" style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> <li>3. Random Staff</li> </ol> <p data-bbox="242 633 1492 795">Every person interviewed was able to articulate their part in the facility's plan for a coordinated response to an incident of sexual abuse. The Executive Director discussed the coordinated actions in response to an incident of sexual abuse which was parallel to Policy and the flow chart. Staff members are directed to follow the steps outlined and to utilize the Checklist in addressing the situation. Regardless of their position at the facility, every staff member interviewed knew the duties of a first-responder.</p> <p data-bbox="242 824 1476 952">(a) The facility has incorporated its 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 into its policy. The policy lists duties and responsibilities of staff members, as well as actions to be taken by the Springfield Police Department, and specific rape crisis centers. Actions expected of agencies outside of AH are confirmed through written MOUs.</p> <p data-bbox="242 981 1476 1041">AH PREA Policy states: "If an effort to ensure that the victim receives the best possible care and that investigators have the best chance of apprehending the perpetrator Alpha House will coordinate the following:</p> <ul data-bbox="242 1070 1284 1265" style="list-style-type: none"> <li>• Assess the victims acute medical needs/Call 911 and notify PREA Coordinator-Done by first responder</li> <li>• Inform victim of his/her rights under relevant law-Done by responding law enforcement officer.</li> <li>• Explain need for a forensic medical exam-Done by law enforcement</li> <li>• Offer the presence of a victim advocate or qualified staff member during exam-PREA Coordinator</li> <li>• Provide crisis intervention counseling-PREA COORDINATOR</li> <li>• Interview victim and any witnesses-PREA COORDINATOR"</li> </ul> <p data-bbox="242 1294 1412 1323">After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:  1. The Alpha House of Springfield's (AH) PAQ</p> <p>Interview:  1. Executive Director</p> <p>(a) As provided in the AH PAQ and confirmed by the Executive Director, neither the Alpha House of Springfield or the Bureau of Prisons engage in collective bargaining.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.267	<p><b>Agency protection against retaliation</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:  1. AH PREA Policy 1027B, Protection from Retaliation, page 11</p> <p>Interviews:  1. Executive Director  2. PREA Coordinator</p> <p>The Executive Director and PREA Coordinator stated that residents and/or staff who report sexual abuse or harassment or who cooperate with such investigations will be protected from retaliation by residents and/or staff.</p> <p>(a) The Alpha House PREA Policy requires that the facility protect all resident and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other resident or staff. The PREA Coordinator will be the staff member assigned to ensure staff or residents will be protected from retaliation.</p> <p>(b) Protection measures, as mentioned in AHS PREA Policy and stated by staff interviewed, will include housing changes, transfers, removal of alleged staff or resident abusers and emotional support services.</p> <p>(c) As established in AHS PREA Policy, the AHS Executive Director and/or the PREA Coordinator will monitor the conduct and treatment of resident or staff that reported or suffered sexual abuse or sexual harassment for a minimum of 90 days. Monitoring includes behavioral changes, performance changes, negative reviews. During the audit period, there have been no "Substantiated" or "Unsubstantiated" findings, and, therefore, no reason for monitoring.</p> <p>(d) As stated in the facility's PAQ and confirmed through interviews, in the case of residents, does such monitoring also include periodic status checks.</p> <p>(e) AHS PREA Policy provides that any resident or staff member who cooperates with an investigation of sexual abuse will be protected from retaliation.</p> <p>(f) Interviewed staff advised that such monitoring would not occur if the finding of the investigation was unfounded.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>
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**115.271 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Review:

1. AH PREA Policy 1027B, Investigations of Incidents, pages 10 and 11
2. National Institute of Corrections (NIC) Training Curriculum, "Investigating Sexual Abuse in a Confinement Setting"

Interviews:

1. Executive Director (Investigator)
2. PREA Coordinator (Investigator)

The investigators clearly articulated processes required during an investigation, to include a thorough review and in-depth documentation process.

On-Site Observations:

There were no reports of abuse at the facility during the audit period.

(a) AHS PREA Policy, Investigation of Incidents, pages 10 and 11 covers all aspects of administrative and criminal investigations into allegations of sexual abuse or harassment. AHS PREA Policy includes a statement that all investigations into allegations of sexual abuse and sexual harassment conducted by trained investigators including the PREA Coordinator and Executive Director will be done promptly, thoroughly, and objectively and include third party and anonymous reports.

(b) Where sexual abuse is alleged, Alpha House will use law enforcement officials to investigate. Alpha House shall request that the investigating agency follow the DOJ requirements pertaining to investigations of incidents. With regard to administrative investigations into sexual abuse, both facility investigators have received specialized training to conduct sexual abuse investigations in a confinement setting pursuant to § 115.234, and have provided their training certificates to the auditor.

(c) The curriculum of National Institute of Corrections training received by the facility's investigators indicates that they are trained to gather and preserve direct and circumstantial evidence, including any The Facility Investigator's training documentation indicates that she is trained to gather and preserve direct and circumstantial evidence, including: phone records, logs, cameras, housing records, medical/mental health records, disciplinary records, grievances, resident files, visitor log, and DNA. Both investigators acknowledged that if there were an incident of sexual assault or if determined through their investigation that such an assault occurred, they would contact the Springfield Police Department. As provided in AHS PREA Policy, Alpha House refers allegations of sexual abuse or sexual harassment for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

(d) As articulated by the Executive Director and PREA Coordinator, if evidence supported criminal prosecution, the investigation would be immediately turned over to the Springfield Police Department. At that point, the SPD would conduct interviews, ensure the victim received medical treatment, etc. The facility's role would be to coordinate the community response, and inform the victim that they were entitled to services, including the forensic exam, and support services.

(e) AH PREA Policy states that all reports of sexual abuse and harassment are investigated. This policy is also stated in the "Program Guide" for Residents. Random staff interviewed, as well as the facility investigators verbalized that they would take all allegations seriously, regardless of who made the complaint. One staff noted that the one time an allegation wasn't taken seriously, could be the one time the resident was being truthful. No resident who alleged sexual abuse would be subjected to a polygraph test.

(f) A review team consisting of the Executive Director, PREA Coordinator and one case manager or security staff will conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation. The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice or to better prevent, detect, or respond to sexual abuse;
- b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess whether the adequacy of staffing levels or monitoring technology should be changed.

This information is included in the AH "Debriefing Report". Since there were no allegations/investigations of sexual abuse during the audit period, the facility provided a blank for for the auditor to review. The form contained every required provision of this standard.

(g) It is the policy of Alpha House to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. As stated in AHS PREA Policy, Alpha House will obtain the report number from the responding Officers.

(h) AH Policy states: "It is the policy of Alpha House to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. As stated in AH PREA Policy, Alpha House will obtain the report number from the responding Officers and stay in contact with the SPD for determination of prosecution and further findings". Policy further states: "If Alpha House did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident".

(i) 5. AH PREA Policy states that the facility shall retain all written reports required by this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(j) AH PREA Policy 1027B states that 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.

(l) As evidenced by the letter from the Springfield Chief of Police, the AH has developed a good working relationship with the Department. Policy and procedure requires AHS to cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="240 143 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 453 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 485 302">Documentation Review:</p> <ol data-bbox="240 302 884 333" style="list-style-type: none"> <li>1. AH PREA Policy, 1027B, Investigations of Incidents, page 10</li> </ol> <p data-bbox="240 360 352 392">Interviews:</p> <ol data-bbox="240 392 592 459" style="list-style-type: none"> <li>1. Executive Director (Investigator)</li> <li>2. PREA Coordinator (Investigator)</li> </ol> <p data-bbox="240 459 1474 526">The interviews with each of the facility investigators demonstrated the facility would impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 553 453 584">On-site Observation:</p> <p data-bbox="240 584 1481 651">(a) AHS PREA Policy 1027B, Investigations of Incidents, page 10, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment by use of the standard preponderance of evidence.</p> <p data-bbox="240 674 1406 705">After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:  1. AH PREA Policy, Investigation of Incidents, Pages 10-11</p> <p>Interviews:  1. Executive Director  2. PREA Coordinator/Investigator</p> <p>Interviews with the Executive Director and PREA Coordinator demonstrated notification requirements to victims would be provided in writing with documentation of each notification.</p> <p>(a) As stated in AHS policy, "Following an investigation into a resident's allegation that he or she suffered sexual abuse, Alpha House will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."</p> <p>(b) AHS PREA Policy states: "If Alpha House did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident."</p> <p>(c) Alpha House PREA Policy meets every provision of this standard. Policy requires that following a resident's allegation that a staff member committed sexual abuse against him or her, Alpha House shall subsequently inform the resident whenever:  1. Staff member is no longer employed at the facility  2. Alpha House learns that the staff member has been charged with or indicted on a charge related to sexual abuse within the facility; or  3. Alpha House learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following a resident's allegation that he or she has been sexually abused by another resident, Alpha House shall subsequently inform the alleged victim whenever:  1. Alpha House learns that the alleged abuser has been charged with or indicted on a charge related to sexual abuse within the facility; or  2. Alpha House learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All notifications will be documented</p> <p>The staff interviewed articulated that a resident who reported sexual abuse by a staff member would be informed of all subsequent actions against the staff member, including whether they were posted to a different unit.</p> <p>(d) AHS PREA Policy states: "Following a resident's allegation that he or she has been sexually abused by another resident, Alpha House shall subsequently inform the alleged victim whenever:  1. Alpha House learns that the alleged abuser has been charged with or indicted on a charge related to sexual abuse within the facility; or  2. Alpha House learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."</p> <p>(e) According to policy and interviews, all notifications will be documented.</p> <p>(f) The interviewees understood that their obligation to report under this standard would be terminated if the resident is released from federal custody.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.276	<p><b>Disciplinary sanctions for staff</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentary Review:</p> <ol style="list-style-type: none"> <li>1. AH Policy 1027A Sexual Harassment Staff</li> <li>2. AH PREA Policy 1027B</li> <li>3. Employee HR Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director/Investigator</li> <li>2. PREA Coordinator/Investigator</li> <li>3. Random Staff</li> </ol> <p>(a) AH Policy 1027B, Sanctions for Individuals Found to have Participated in Sexual Abuse or Harassment, pages 11-12 addresses sanctions for staff involved in sexual abuse or harassment. Policy states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. There were no indications in employee files that any staff member had been accused of sexual abuse or harassment. The Executive Director and PREA Coordinator confirmed that there haven't been any such allegations against employees during the audit period.</p> <p>(b) AH Policy states that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Alpha House PAQ states that the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies during the past 12 months is zero. Likewise, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is also zero. This was confirmed by the Executive Director and PREA Coordinator.</p> <p>(c) AH PREA Policy 1027B provides that disciplinary sanctions for violations of Alpha House policies relating to sexual abuse or sexual harassment shall be 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. During the past 12 months there have been no allegations of sexual abuse or harassment against any staff member.</p> <p>(d) AH policy makes it clear that 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, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>
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115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentary Review:  1. AH PREA Policy 1027B, Corrective Action for Contractors and Volunteers, pg. 13</p> <p>Interviews:  1. Executive Director</p> <p>On-Site Observation:  Neither of the facility's two volunteers were on-site during the audit. The Executive Director reports very little volunteer activity during the past to years due to COVID.</p> <p>(a) As required by this standard, AH PREA Policy specifically states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy further requires that the Alpha House of Springfield will take appropriate remedial measures, and will consider whether to prohibit further contact with resident, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>In the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Further, in the past 12 months, zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.</p> <p>(b) AHS policy requires that the Alpha House of Springfield take appropriate remedial measures, and shall consider whether to prohibit further contact with resident, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews with the Executive Director indicated that the facility would take appropriate remedial measures, and consider prohibiting further contact with offenders, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 483 300">Documentation Review:</p> <ol data-bbox="242 302 743 398" style="list-style-type: none"> <li>1. AH PREA Policy 1027B</li> <li>2. Disciplinary Log (11/17/21 thru 5/31/22)</li> <li>3. "Program Guide for Alpha House of Springfield"</li> </ol> <p data-bbox="242 427 352 456">Interviews:</p> <ol data-bbox="242 459 663 589" style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> <li>3. Random Residents</li> <li>4. Executive Director of The Victim Center</li> </ol> <p data-bbox="242 618 451 647">On-site Observation:</p> <p data-bbox="242 651 1485 846">A review of the resident disciplinary log, as well as of ten random incident reports/investigations demonstrated that no resident had been disciplined for sexual abuse or harassment. Both the Executive Director and PREA Coordinator confirmed that there has not been any reports of a resident's committing any type of sexual abuse during the audit period. All residents are given a copy of the "Program Guide for Alpha House of Springfield" which includes a statement that all PREA allegations will be investigated, as well as lists disciplinary sanctions for all violations. Residents interviewed were aware of behavioral sanctions.</p> <p data-bbox="242 875 1481 1039">(a) AH PREA Policy 1027B, Disciplinary Sanctions for Residents, pg. 12, and the facility's PAQ provide that residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in resident-on- resident sexual abuse or following a criminal finding of guilt for resident on resident sexual abuse. The Executive Director stated that in the past 12 months, there have been no administrative or criminal findings of resident-on-resident sexual abuse that have occurred at the facility.</p> <p data-bbox="242 1068 1458 1162">(b) AH PREA Policy, confirmed during an interview with the Executive Director states that sanctions will be commensurate with the nature and circumstances of the abuse committed the resident disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="242 1191 1481 1319">(c) The Executive Director stated that if a disciplinary process occurred for a resident involved in resident-on-resident sexual abuse, the disciplinary process would consider whether a resident's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, or if a sanction, should be imposed. This statement is also found in AHS PREA policy.</p> <p data-bbox="242 1348 1485 1545">(d) On a case by case basis, therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, may be required as a condition of access to programming or other benefits. The auditor spoke with the Executive Director of The Victim Center, a local community support center. The Director stated that in such instances, the Executive Director (or designee) of the Alpha House would coordinate with the Victim Center to determine the need for and coordinate appropriate treatment for the resident offender. The Victim Center would not provide treatment, as it could be a conflict of interest in their work with victims. However, they would refer the resident to another community agency.</p> <p data-bbox="242 1574 1474 1702">(e) The Alpha House of Springfield may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The Executive Director advised that there hasn't been any incident or allegation of a resident having sexual contact with a staff member, there would be a determination of whether the staff consented to the contact prior to taking disciplinary action against the resident.</p> <p data-bbox="242 1731 1497 1794">(f) AH Policy prohibits disciplinary action for a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="242 1823 1418 1886">(f) Consensual sexual activity between residents is against Alpha House policy and will result in an incident report and sanctions.</p> <p data-bbox="242 1915 1406 1944">After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AHS PREA Policy 1027B, page 9</li> <li>2. MOU with Cox Health</li> <li>3. Letter from Springfield Police Department</li> <li>4. Employee Training Curriculum</li> <li>5. Employee Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> <li>3. Case Management Staff</li> <li>4. Security/Watch Staff</li> </ol> <p>Every staff member interviewed, including one who had been with the facility for two weeks articulated their first-responder duties. Several explained that if they froze on the scene, the first responder duties were written and maintained in the control room.</p> <p>On-Site Observations:</p> <p>(a) Since there are no medical or mental health care providers employed by the Alpha House of Springfield. AH PREA Policy requires that the first responder to an incident of sexual abuse assess the victims acute medical needs/Calls 911 and notifies PREA Coordinator. The letter from the Springfield Chief of Police notes that the SPD is responsible for investigating all incidents of sexual abuse, and the assigned Police Officer will explain the need for a forensic medical exam. The MOU with Cox Health specifically states: "Cox Health Emergency Department agrees to provide a medical forensic examination by a Sexual Assault Nurse Examiner for all allegations of sexual abuse that involve penetration. Cox Health/SANE agrees to provide documented results of the examination with proper documented authorization of release from the resident." The PREA Coordinator stated, and the Executive Director of the Victim Center confirmed that in the event of a sexual assault, the SPD contacts the Victim Center who will provide either in-person or on-line crisis-intervention services to the victim. As per facility policy, all victims will be offered pregnancy tests as needed, as well as tests for sexual transmitted infections. Through their coordinated response to sexual abuse with community agencies, AH ensures that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>(b) All staff are trained in their duties as a first-responder. Staff interviewed indicated that those duties included:</p> <ol style="list-style-type: none"> <li>1. Separate the victim and offender.</li> <li>2. Request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</li> <li>3. Notify the PREA Coordinator and appropriate medical practitioners including emergency medical treatment and crisis intervention services.</li> </ol> <p>(c) As part of their crisis-intervention services, the Victim Center offers victims of sexual abuse 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.</p> <p>(d) Victims of sexual abuse are never charged for medical expenses. Such charges are covered by Naphcare Insurance through the Bureau of Prisons.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

**115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Review:

- 1. AH PREA Policy 1027B, Ongoing Medical and Mental Health Care, Pages 9-10
- 2. MOU with the Victim Center
- 3. "Program Guide for Alpha House of Springfield" (Revised April 2022)

Interviews:

- 1. PREA Coordinator/Case Manager
- 2. Case Managers
- 2. Random Residents
- 4. Targeted Residents
- 5. Executive Director, Victim Center (VC)

Interviews with specialized and random staff and residents demonstrated that each interviewed are aware of access to emergency medical and mental health services. Of the two residents who disclosed previous sexual abuse, both advised that they had been offered mental health services through the Victim Center. The Executive Director confirmed via telephone interview that the VC provides a variety of services to victims of sexual abuse, including support services, crisis intervention, advocacy, counseling, and referral services.

On-Site Observations:

During the tour, the auditor observed information posted on each of the six bulletin boards in the male and female housing units relating to support services, medical and mental health care services. Phone numbers and addresses were also provided. The same information was found on the Information Monitor located in the facility's lobby. Additionally, the last page of the "Program Guide" listed the name and phone numbers for each community service agency by category. For example, two resources were listed under the category "Sexual Assault Resources". Nine (9) resources were listed under "Medical Services".

- (a) AHS PREA Policy requires that the facility provide medical and mental health evaluation for victims of sexual abuse. Since the facility does not employ medical or mental health personnel, they have established relationships with health care providers in the community for medical services. The facility has signed an MOU with the Victim Center to provide ongoing mental health evaluation and treatment to victims of sexual abuse.
- (b) Through interviewing the Victim Center's Executive Director and reviewing the MOU, the auditor determined that victims of sexual abuse are offered, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their leaving the Alpha House. AHS PREA Policy provides that victims of sexual abuse will receive follow up services and referrals for continued care following transfer to other facilities or release from custody.
- (c) Staff interviews and observations revealed medical and mental health services are consistent with the community level of care. Cox Hospital offers sexual abuse/harassment victims medical services consistent with the community standard of care. The Victim Center offers services either on-site or via telehealth.
- (d) As provided in AHS PREA Policy and discussed with the Executive Director, resident victims of sexually abusive vaginal penetration while at the facility are offered pregnancy tests by a local physician.
- (e) The AH Executive Director explained that if pregnancy resulted from sexual abuse in the facility or if a female resident was pregnant, the process would be the same. When a female is admitted to the facility, the facility will immediately set her up with a local physician to attend to any health care needs, such as birth-control, STD testing, or pregnancy related services. If a female resident became pregnant from a sexual assault, her physician would be contacted and an appointment arranged.
- (f) AH PREA Policy requires that resident victims of sexual assault are tested for sexual transmitted infections. This will be done by referral to a physician through the Victim Center.
- (g) AHS PREA Policy states: "Ongoing treatment shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident". The Executive Director explained that the Bureau of Prisons provides funding for physicians through Naphcare, a type of insurance. The Victim Center Executive Director advised that they have several funding sources and, as a result, are able to provide services to victims of sexual abuse free of charge.
- (h) The PREA Coordinator/Case Manager as well as other Case Managers interviewed confirmed that they would refer any known resident-on-resident sexual abuser for a mental health evaluation within 60 days of learning of such history.

Treatment would be provided as deemed appropriate by mental health care practitioners. The Executive Director of the Victim Center advised that although the Center could not provide such services, they would immediately refer the offender to another agency to conduct the mental health exam. A review of a random sample of resident files confirmed that there have not been incidents of resident-on-resident sexual abuse during the audit period.

After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AHS PREA Policy 1027B, Investigations of Incidents, page 11</li> <li>2. Resident on Resident Notification</li> <li>3. Staff on Resident Notification</li> <li>4. Retaliation Review</li> <li>5. Debriefing</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director/Investigator</li> <li>2. PREA Coordinator/Investigator</li> </ol> <p>The Executive Director and PREA Coordinator clearly articulated how they would review of all incidents reported and investigations of sexual harassment and sexual abuse.</p> <p>(a) thru (c) AHS Policy indicates that a review team consisting of the Executive Director, PREA Coordinator and one case manager or security staff will conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation. During the audit period, there have not been any allegations of sexual abuse, no administrative or criminal or administrative investigations, and therefore, no reviews conducted. The facility provided all review forms that will be used in case of such an incident.</p> <p>(d) If there were an incident of sexual abuse, AHS Policy requires the review team to:</p> <ol style="list-style-type: none"> <li>1. Consider whether the allegation or investigation indicates a need to change policy or practice or to better prevent, detect, or respond to sexual abuse;</li> <li>2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> <li>3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>4. Assess whether the adequacy of staffing levels or monitoring technology should be changed.</li> </ol> <p>The "Debriefing Report" provided by the facility includes each of these provisions., including recommendations for improvement. Copies of the report would be maintained by the PREA Coordinator and the Executive Director.</p> <p>(e) As stated in the AHS PAQ and confirmed by the Executive Director, the facility would make every effort to follow -through with the report's recommendations. All efforts would be documented, including any reason that the recommendations were not followed.</p>

115.287	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AHS PREA Policy 1027B, Data Collection and Review, page 14</li> <li>2. The Alpha House of Springfield website: <a href="https://thealphahouse.org">https://thealphahouse.org</a></li> <li>3. Email re: Request for Census Form</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> </ol> <p>(a) AHS Policy requires that the PREA Coordinator collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. This data will be made available to the Department of Justice upon request. Data will be used to identify problem areas, take corrective action and prepare an annual report. Collected data will be obtained for ten years. The Alpha House website includes the facility's PREA Reports for Calendar years 2019, 2010, and 2021. Information provided in the reports include:</p> <ol style="list-style-type: none"> <li>1. Resident on resident sexual harassment (Findings of Substantiated, unsubstantiated, or On-going investigations)</li> <li>2. Resident on resident sexual abuse (Findings of Substantiated, unsubstantiated, or On-going investigations)</li> <li>3. Staff on resident sexual harassment (Findings of Substantiated, unsubstantiated, or On-going investigations)</li> <li>4. Staff on resident sexual abuse (Findings of Substantiated, unsubstantiated, or On-going investigations)</li> <li>5. Totals (Findings of Substantiated, unsubstantiated, or On-going investigations)</li> <li>6. Agency PREA goals</li> </ol> <p>(b) As indicated by the published Annual PREA Reports and articulated by the PREA Coordinator, the data is aggregated annually.</p> <p>(c) As demonstrated in the AHS Debriefing Form, the Alpha House of Springfield collects incident-based data including, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Executive Director advised that the facility has never completed a Survey for Sexual Violence, and contacted the person in charge of sending out the survey to facilities. The Executive Director was advised via email: For the Survey of Sexual Victimization, we conduct a sample of the jails, private prisons, community correctional facilities, tribal jails, and juvenile facilities. So, there is a good chance that you could be selected one year to participate and then exempt (or not selected) other years. Selection is based on the size, type, and location of a facility.</p> <p>(d) As provided in the Alpha House of Springfield's PAQ m, the facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Since there have not been any allegations of sexual abuse during the audit period, there are no such records.</p> <p>(e) This provision is not applicable as the AH does not contract with any other agency or facility to house its residents.</p> <p>(f) This provision is not applicable to the AH because the DOJ has never requested the facility to complete the survey.</p> <p>Through such reviews, the facility meets this standards requirements.</p>

115.288	<p><b>Data review for corrective action</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. The Alpha House of Springfield's website: thealphahouse.org</li> <li>2. Annual Reviews 2019, 2020, 2021</li> <li>3. AHS Policy 1026E, Annual Staffing Plan</li> <li>4. AHS PREA Policy 1027B, Data Collection and Review, Page 14</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> </ol> <p>(a) The annual staffing plan is conducted in order to assess adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. AHS PREA Policy states that data will be used to identify problem areas, take corrective action and prepare an annual report. The staffing plan identifies problem areas, including assessments of staffing and use of video monitoring, and recommends corrective action. The assessment of 2021 led to a new policy requiring that all pat down searches conducted prior to a taking a urine sample are conducted in front of a camera. Annual PREA Reports contain information, accomplishments, and goals based on information obtained.</p> <p>(b) In reviewing the facility's Annual PREA Reports, it was noted that the reports did not include a comparison of the current year's data with those from the previous year. As a corrective action, the facility revised the 2021 PREA Annual Report to include the data. The corrective action was completed on July 26, 2022.</p> <p>(c) The Annual PREA Reports for 2019, 2020, and 2021 were signed by the Executive Director. All reports are available on the AHS website.</p> <p>(d) There have been no instances of having to redact material from the Annual PREA Reports.</p> <p>Conclusion:</p> <p>Through such reviews, the auditor has determined that the facility meets this standard's requirements.</p>
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115.289	<p><b>Data storage, publication, and destruction</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Review:</p> <ol style="list-style-type: none"> <li>1. AHS PREA Policy, Data Collection and Review, page 14</li> <li>2. Alpha House website: thealphahouse.org</li> </ol> <p>Interview:</p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>1. PREA Coordinator</li> </ol> <p>On-Site Observations:</p> <p>During the facility tour, the auditor was shown the secure room where data is maintained. All old case files are kept in locked file cabinets in the locked room. Specific information related to PREA data is maintained in the Executive Director's Office in a locked file cabinet. The office door is locked when the Executive Director is not in the office.</p> <p>(a) The AHS PAQ states that the agency ensures that incident-based and aggregate data are securely retained. If there had been any allegations of sexual abuse the PREA Coordinator would have collected accurate uniform data for every allegation, using a standardized instrument and set of definitions, and maintained the data in the Executive Director's Office with copies in the PREA Coordinator's Office. The data would be secured in locked file cabinets and office doors locked when not occupied.</p> <p>(b) The Alpha House of Springfield has no agencies under its control. However, as provided in policy their data will be made available to the Department of Justice upon request. A review of the AH website showed that this information was provided to the public annually via the "Annual PREA Reports". The website included reports from 2019, 2020, and 2021.</p> <p>(c) As stated in policy, The PREA Coordinator will collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. A review of the past three "Annual Reports" verifies that even though there have not been any allegations/incidents of sexual abuse during the audit period, the facility takes the data they have and includes it in their reports. There is no identifying information contained in the reports.</p> <p>(d) As stated in policy, and verified through interviews with the Executive Director, the PREA Coordinator will collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Collected data will be obtained for ten years.</p>
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115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 483 300">Documentation Review:</p> <ol data-bbox="242 304 930 365" style="list-style-type: none"> <li>1. AHS PREA Policy 1027B, Auditing and Corrective Action, page 14</li> <li>2. Annual Federal Bureau of Prisons (BOP) Audits</li> </ol> <p data-bbox="242 396 352 425">Interviews:</p> <ol data-bbox="242 430 616 557" style="list-style-type: none"> <li>1. BOP Contract Oversight Specialist</li> <li>2. Executive Director</li> <li>3. PREA Coordinator</li> <li>4. Head of Maintenance</li> </ol> <p data-bbox="242 589 464 618">On-site Observations:</p> <p data-bbox="242 622 1484 750">The auditor was given a comprehensive tour of the facility, including access to all indoor and outdoor areas, including locked closets. The Head of the Maintenance Department was particularly helpful, and had a clear working knowledge of how keeping the structure well-maintained, i.e., working light bulbs in all areas contributed to residents' sexual safety. He articulated that he purchased items such as shower curtains that were approved for use in PREA-compliant facilities.</p> <p data-bbox="242 781 1484 938">(a) As provided in AHS PREA Policy, during the three year period starting in 2016, and during each three year period Alpha House shall ensure that an audit at least once. Any finding that does not meet standard will be corrected within a 180 day period. During the prior three-year audit period, the agency ensured that each applicable facility operated was audited, once. A review of AHS's contract with the BOP and subsequent monitoring reports, indicates that the facility is audited at least annually.</p> <p data-bbox="242 969 1477 1030">(b) Alpha House of Springfield is a stand-alone facility. It contracts with, but is not run by the BOP. As a result, this provision is Not Applicable to AHS.</p> <p data-bbox="242 1061 1219 1090">(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p data-bbox="242 1122 1484 1211">(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). Throughout the audit process, including the pre-audit, on-site review, and post-audit, the facility has immediately submitted all documentation requested to the auditor.</p> <p data-bbox="242 1243 1457 1303">(m) The Auditor given private space in the facility's conference room to conduct the audit, and was able to conduct private interviews with residents in that area.</p> <p data-bbox="242 1335 1489 1462">(n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. PREA Audit information, which included the auditor's contact information was posted in six locations throughout the facility on April 29, 2022. The auditor didn't receive correspondence from residents during the audit process.</p> <p data-bbox="242 1494 1409 1523">After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Review:  1.The Alpha House of Springfield website</p> <p>Interviews:  1. Executive Director</p> <p>The Alpha House of Springfield was previously audited for PREA compliance in 2019, and the auditor confirmed the audit report was posted on the facility's website. The report does not contain any identifying information. The review of the facility's website supports the finding of compliance for this standard.</p> <p>After reviewing the available evidence, the auditor has determined that the facility is in compliance with this standard.</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.)	yes
<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.)	yes
<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 emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<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 staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<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, 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 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>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<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 contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<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 advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<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 investigation is completed for all allegations of sexual harassment?	yes

<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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<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 resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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.)	na
	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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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.)	na
<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.)	na
<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.)	na
	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.)	na
<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 toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<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 (h)</b>	<b>Screening for risk of victimization and abusiveness</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>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<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.	yes
<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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<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 alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<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?	no
<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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	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 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct 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 request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<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 condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (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 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.)	yes
<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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<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 necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with 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 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes