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: 09/01/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Michele Dauzat	**Date of Signature:** 09/01/2025

AUDITOR INFORMATION	
Auditor name:	Dauzat, Michele
Email:	michele.dauzat@la.gov
Start Date of On-Site Audit:	07/11/2025
End Date of On-Site Audit:	07/12/2025

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

Primary Contact

Name:	Diane Smith
Email Address:	director@thealphahouse.org
Telephone Number:	417-831-3033 ext. 10

Facility Director	
Name:	Diane Smith
Email Address:	Director@thealphahouse.org
Telephone Number:	417-831-3033 ext. 10

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	59
Average daily population for the past 12 months:	58
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	25-78
Facility security levels/resident custody levels:	Low to High
Number of staff currently employed at the facility who may have contact with residents:	32
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Alpha House of Springfield, Inc.
Governing authority or parent agency (if applicable):	Contracted by the Federal Bureau of Prisons
Physical Address:	2300 East Division Street, Springfield, Missouri - 65803
Mailing Address:	- 65802-4401
Telephone number:	417-831-3033

Agency Chief Executive Officer Information:	
Name:	Diane M Smith
Email Address:	Director@thealphahouse.org
Telephone Number:	417-831-3033

Agency-Wide PREA Coordinator Information

Name:	Kelly Miller	**Email Address:**	kmiller@thealphahouse.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
5	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.215 - Limits to cross-gender viewing and searches • 115.232 - Volunteer and contractor training • 115.233 - Resident education • 115.241 - Screening for risk of victimization and abusiveness
Number of standards met:	
36	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-11
2. End date of the onsite portion of the audit:	2025-07-12

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Victim Center of Springfield, advocacy center for victims of sexual assault, domestic violence, etc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	58
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	56
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Due to the nature of the environment, Alpha House does not typically house residents with significant medical or mental health issues. The community confinement setting requires resident to actively work in the community which limits the capacity for severe medical and mental health residents admitted.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	32
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Auditor conducted random sampling of all residents available onsite.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The facility population is small and all residents present were English speaking. This was verified through Case Manager and Facility Director.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The facility is small and all residents were English Speaking. This information was verified through the Case Manager and Facility Director.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The Facility Director and Case Manager, in addition to staff interviews, verified there were no Transgender or Intersex residents present.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The PREA Coordinator, Facility Director and Case Manager verified no resident had reported sexual abuse while housed in the facility.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The facility is community confinement and does not have segregation.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews	
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☒ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

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.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. 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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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.

81. 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
Total	0	0	0	0	0

82. 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
Total	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.

83. 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
Total	0	0	0	0	0

84. 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
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse and/or harassment during review period.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual abuse and/or harassment during review period.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents A. Agency Mission, www.alphahouse.org B. Agency Organizational Chart C. Resident Orientation Handbook D. Coordinated Response Plan E. Resident Orientation Handbook Spanish F. Zero Tolerance Poster for PREA G. Relevant reports related to internal or external audits/accreditations of facility H. Agency PREA Coordinator job description

	I. Staff Training Rosters J. Facility Policy for PREA Interviews A. PREA Coordinator B. Executive Director C. Intermediate or Higher Level Staff D. Random Staff Site Review Findings (By Provision) (a) The agency does have a written policy mandating zero tolerance toward all forms of sexual abuse and harassment, and PREA policy in all facilities operated directly or under contract. Policy clearly defines prohibited behaviors regarding sexual abuse and harassment, includes sanctions for those found to have participated in these behaviors, and adequately describes agency strategies to reduce and prevent the sexual abuse and harassment of residents. (b) Alpha House employs a designated facility Case Manager who serves as the PREA Coordinator; however, the facility implements a team approach that includes numerous staff members for compliance purposes with documentation. According to interviews and documentation review, they have adequate time and authority to develop, implement, and oversee all efforts to comply with PREA standards. The PREA Coordinator position is in the upper-level agency hierarchy as reflected in the Organizational Chart. There is one PREA coordinator for the facility, but due to the size of the population, one is very effective. Observations during the site review, the auditor observed a culture of zero-tolerance for sexual abuse and sexual harassment throughout the facility - posters hanging in several facility common areas and on all bulletin boards. Additionally, interviews with persons incarcerated and staff verified that there is a strict “zero tolerance policy embedded in the program”. The auditor reviewed policies and other agency/facility documents to determine compliance. Information from facility documents and interviews conducted allows the auditor to conclude that the program exceeds the requirements of this standard.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents A. PREA Policy B. Contract for Confinement Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Contract Coordinator Site Review Findings (by Provision) (a) The facility does not enter any contracts for the confinement of Alpha House residents; however, BOP contracts with Alpha House for the placement of federal residents. (b) The facility maintains agreements with the Springfield Police Department and community medical/ mental health; these agreements do specify PREA compliance by those organizations. (c) The facility currently does not have any contracts in place that do not require full compliance with PREA standards. The auditor reviewed policies and other agency/facility documents to determine compliance. Information from facility documents and interviews conducted allows the auditor to conclude that the program is in compliance with this PREA standard.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. Facility PREA Policy B. Organizational Chart

C. Facility Staffing Plan

D. Facility Camera layout

E. Agency Personnel Resource Plan

F. Resident Roster

G. Annual Staffing Reviews and Approval

H. Staffing Roster

Interviews

A. PREA Coordinator

B. Executive Director

C. Assistant Facility Director

D. Intermediate or Higher Level Staff

E. Random Staff

Site Review Findings (By Provision)

(a) The facility has a staffing plan as indicated by the PREA Policy based on the number of residents housed at Alpha House. The population on the day of the onsite audit was 56 onsite residents. The policy directive ensures the facility will develop, document, and make its best effort to follow a staffing plan that provides for an adequate level of staffing and, when applicable, video monitoring, to protect residents against sexual abuse.

(b) The staffing plan also includes but is not limited to: number and placement of supervisory staff, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, generally accepted detention and correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal Investigative agencies, all components of the facility's physical plant, the composition of the resident population, facility programming, any applicable state or local laws, regulations, or standards, any findings of inadequacy from internal or external oversight bodies, and any other relevant factors. In the event the staffing plan is not complied with, the facility will document the deviation utilizing the Facility Incident form.

(c) The staffing plan is reviewed annually by the Executive Director and PREA Coordinator. Auditor reviewed the staffing plan and review for the past three years. The facility administration reported that the facility has not deviated from the staffing plan within the past 12 months. The Federal Bureau of Prisons contract

	requires the facility to have a female and a male officer on each shift. The Statement of Work from the BOP provides the requirements for staffing of the facility. There is a female and male officer on each shift, and the Executive Director, Assistant Facility Director, Security Supervisor, and a Duty Officer are always on call, all of whom make logged, unannounced rounds. The facility has two buildings, and multiple rounds are made throughout the day. This documentation was reviewed during the Onsite review, and interviews with staff indicated rounds were unannounced and documented on the Accountability Chart, completed on a routine and unscheduled basis. During interviews, the residents verified that there is always a female and a male staff member on duty. All residents interviewed stated that all staff are very accessible if needed. As described above, the auditor reviewed the most recent facility staffing plan, policies, and other agency/facility documents to determine compliance. Information from facility documents and staff interviews allows the auditor to conclude the program is in compliance with this PREA Standard.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents A. PREA Policy B. Camera Layout C. Resident Orientation Handbook D. Staff training rosters E. Search Training Curriculum Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Resident E. Random Staff

Site Review Findings (By Provision)

(a) Policy covers the procedures for searches and is compliant with the mandates of this standard, as exhibited in the PREA Prevention Planning Policy. The policy also includes procedural instructions for strip searches for both the male and female populations. In the event a body cavity search is required, it will be conducted by medical staff at Mercy Hospital in a private setting. The Staff are presented with a detailed training presentation on how to conduct pat gender searches. According to interviews with staff and residents, there have been no cross-gender strip searches or cross gender visual body cavity searches of residents.

(b) Policy provides that they do not perform cross-gender pat searches except for exigent circumstances. The facility would have to receive permission from BOP in the event that a cross-gender search would be necessary. The facility prohibits cross-gender pat-down searches of female residents. This was verified through training rosters and staff interviews. While onsite, the auditor reviewed 25 percent of staff training files to verify that search training was completed. However, the auditor was provided a roster of all training logs for the recent training of staff. All training records reflected that the training had been successfully completed. Random staff interviewed verified content from training and had a clear understanding of the policy and procedure.

(c) The policy in place also states that no one will be searched to determine their genital status. The facility does not do cavity searches; those would be done at a medical facility if needed. The program utilizes a local hospital, Mercy Hospital, for all medical needs. According to policy, staff and resident interviews, the facility does not restrict access to programming in order to comply with this provision. In the unlikely event this would occur, BOP would have to be notified and approve prior to the search. All female residents interviewed reported that there has been no incident of a cross-gender or pat-down search or being denied programming due to a lack of female staff available to pat search.

(d) There is no cross-gender viewing of residents in toilet or shower areas, and there is no cross-gender access to dormitories without announcements and waiting a minimum of 10 seconds for residents to cover themselves. Each sleeping room is gender specific, and the rooms have access to bathing, shower, toilet, and wash basin facilities that are only utilized by the gender occupying the room. Policies and practices in place are to allow at least 10 seconds, and it was obvious in the tour and interviews that longer times are routine. Each shower is private with a curtain and privacy barriers. During the interviews with residents, it was reported by every resident that staff are respectful of their privacy and wait for residents to dress before entering the unit, and if the shower is occupied, staff will not enter the restroom area. Residents also reported that there is no time that a resident is naked in full view of an opposite gender staff member. Currently, the facility does not have any transgender residents; the floor plan allows for privacy to toilet/change clothes separately if the need arises. Informal conversations with staff during the tour

	verified the privacy of the residents when showering and undressing. Camera views were observed during the tour, and there is no capability to view individual areas where residents shower or change clothes. Female residents verified that at no time is a female prohibited from activity, programming, or work due to not having female staff to search. (e) Shower and living areas were observed during the onsite audit and verified the ability for complete privacy to toilet and undress. All bathrooms have private stalls and showers with shower curtains. All resident living quarters have privacy with the ability to dress privately and even opt to utilize the private restroom to change clothes. All residents interviewed verified that the facility accommodates the need for complete privacy and voiced that staff were very respectful of the residents' living and shower quarters. Residents stated during the interview process that very rarely does a staff member of the opposite sex enter the residential area without a same sex member. In the event this is an occurrence, it is usually for an emergent issue. The facility's female unit is a locked unit; residents, Security staff, and upper management are the only ones with the key to entry. Female residents' access to the female unit is through an electronic lock that is controlled from the security office and under the view of security cameras. (f) There have been no documented cross-gender strip searches in the past 12 months. This information was verified through staff and resident interviews. (g) All current staff have received the mandatory training on conducting searches. This was verified by the auditor through a review of 25 percent of employee training files. A record of all employee training files and search training was clearly documented in each file. All staff were extremely knowledgeable regarding training content. As described above, the auditor reviewed the most recent facility staffing plan, policies, and other agency/facility documents to determine compliance. Information from facility documents and staff interviews allows the auditor to conclude that the program exceeds the requirements of this standard.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy

B. Agreement with Ozark Translation

C. Resident Orientation Handbook

D. Resident Orientation Handbook Spanish

E. Poster

F. Victim Poster

G. Agreement with Empower Abilities

Interviews

A. PREA Coordinator

B. Executive Director

C. Assistant Facility Director

D. Case Manager

E. Random Staff

F. Random Resident

Site Review Findings

The facility has a policy in place that ensures disabled residents have 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.

(a) The facility provides offender education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, intellectually and/or physically disabled, as well as to residents who have limited reading skills. The facility utilizes Ozark Translator, LLC for any foreign language interpreter needs. The facility also has community resources available for the vision-impaired and hearing-impaired residents through Empower Abilities.

(b) The facility policy prohibits the use of resident interpreters. In the past 12 months, Alpha House has not used a resident interpreter to gather information for a PREA allegation. During the interviews with a random sample of staff, no staff member could recall the facility ever using a resident for translation purposes as it relates to PREA. Although it is rare for Alpha House to receive disabled residents, it is evident that the facility is very accommodating to all special needs of the population.

	The auditor reviewed the most recent facility staffing plan, policies, and other agency/facility documents to determine compliance. Information from facility documents and staff interviews allows the auditor to conclude the program is in compliance with this PREA Standard.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Agency Organizational Chart C. Employee Handbook D. Employee Background Checks NCIC E. New Employee Background Check F. Letter of approval to hire from BOP G. Reviewed 25 percent Employee HR files Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Staff E. Human Resource Representative Site Review Findings (By Provisions) (a) Policy requires that Alpha House, shall not hire or promote anyone into a position who may have contact with residents that have engaged in sexual abuse of offenders in an institutional setting, has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or has

	been civilly or administratively adjudicated to have engaged in such activity. (b) According to policy, the facility does consider prior incidents of sexual harassment/sexual abuse when determining whether to promote or hire staff. The HR Representative confirmed this practice during the interview, in addition to Auditor reviewing 25 percent of employee files to verify. The background check was present for all employee files reviewed. Eight (25%) employee examples of the PREA misconduct form signed by the employee have been uploaded to the OAS. The employee files that were reviewed were staff from all areas, direct care staff, supervisors, front-line, etc. (c) The facility is in compliance with the requirement of the standard of conducting background checks on all employees every five years. The facility uses the NCIC database to run checks on all potential and current employees. During the onsite audit review, 25 percent of employee files were reviewed, and all contained a background check in accordance with the standard. In 2024, the facility ran an NCIC on all employees, which was verified through interviews in addition to a documentation review of Employee personnel files. (d/e) According to policy, the facility requires a complete background check before enlisting the services of any contractor who may have contact with residents. Staff reports that there have been zero contracts established for the facility during this audit period. All community treatment services are provided by the Bureau of Prisons and are subject to training provided by the BOP, not the facility. Contract and Vendor are provided with orientation upon arrival at the facility for the first visit. (g) Agency policy states that omission of misconduct for providing false information shall be grounds for termination. The auditor reviewed the most recent facility staffing plan, policies, and other agency/facility documents to determine compliance. Information from facility documents and staff interviews allows the auditor to conclude the program is in compliance with this PREA Standard.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Camera Layout

	Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Staff Site Review Findings (By Provisions) (a) According to the Executive Director, there have been no modifications or substantial expansions since the last PREA audit in 2022. All cameras were operable, and visibility was excellent. There is a total of 64 cameras, and they monitor all common areas, outside areas, parking lots, elevators, hallways, television rooms, dining rooms, entrances, training room, and laundry areas. (b) Since the previous audit, the facility has added 24 additional cameras, reflected in the current count.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. DOJ Uniform Evidence Protocol for Sexual Assault C. SAFE/SANE agreement with Cox Health Systems and Lime Creek Associates D. Victim Center Agreement Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Investigative Staff

	E. Random Staff Site Review Findings (By Provisions) (a) The Agency has two staff Investigators employed who are responsible for conducting administrative sexual abuse/harassment investigations. As primary practice, the facility refers all investigations to the Federal Bureau of Prisons (administrative investigations) and the local law enforcement agency. In addition, the BOP will refer the criminal sexual abuse investigation to the Department of Justice. However, the facility notifies local law enforcement of any sexual abuse PREA allegations for immediate response. The Springfield Police Department responds immediately and assumes responsibility for the investigation. The SPD acknowledges and adheres to PREA standards relative to investigations as stated by the Executive Director. During interviews with staff, it was obvious that staff are aware of the procedures on how to contact the appropriate agency and medical staff to respond to the facility in the event of an allegation. The safety of the resident is a priority, and preservation of the evidence was required immediately. The facility uses the Victim Center as the Victim Advocacy services and has an MOU with Lime Creek Associates for Community Treatment Services. (b) Alpha House does not house youthful residents, and the Agency utilizes the DOJ Uniform Evidence Protocol for Sexual Assault as its selected protocol. (c) Community Medical Pharmaceutical services are contracted through Naphcare Medical, Inc. There is no cost for medical care to any of the residents at Alpha House. All medical expenses are covered by the Bureau of Prisons. In the event of an emergency, and/or hospital admission, the facility uses Mercy Hospital for emergent needs. Cox Health is the service used for SAFE/SANE staff needs. This information was verified by the Auditor, reaching out to the Social Service Department of the hospital to verify available resources. There have not been any forensic exams conducted in the past 12 months. (d) According to the Executive Director and facility staff, Victim Center is a community resource organization that provides victim advocacy services in the event of a sexual assault. The contact number was visible throughout the facility. (e) The agency maintains an MOU with Victim Center, and their services are accessible through phone, mail, or face-to-face visit. All contact information and educational material regarding the Victim Center is published and consistently posted in all housing and common areas throughout the facility. Alpha House maintains a partnership with the Springfield Police Department and the requirement of the PD to adhere to PREA standards when investigating any sexual abuse/assault case reported from Alpha House.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents A. PREA Policy B. Agency Website C. Coordinated Response Plan Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Investigative Staff Site Review Findings (By Provisions) (a) The agency policy requires all administrative and criminal investigations to be completed for any allegations of sexual abuse and harassment. This finding was deemed to be compliant through the PREA Prevention and Planning policy review, in addition to staff and resident interviews. There have been zero allegations of sexual abuse and/or harassment received in the past 12 months. In the event an allegation is being investigated, the resident who is the alleged aggressor would be transferred back into the custody of BOP. There were no transfer orders viewed by Auditor indicating the reason for transfer was related to a PREA allegation. (b) The agency has a partnership with the Springfield Police Department. The SPD will investigate any allegations referred by the Alpha House location. In addition, the agency created a specific form to utilize for said referrals; the form is titled PREA Investigation Referral.

115.231	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy

	B. Staff PREA Training Curriculum C. Staff Search Training Curriculum D. Staff Training Records Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher-Level Staff E. Random Staff Site Review Findings (By Provisions) (a) It is the policy of the Agency for all employees, regardless of position, to complete training regarding Sexual Abuse and Harassment and the facility's PREA policy. The PREA training curriculum includes all aspects of PREA standard 115.231. The curriculum was viewed by the Auditor during the pre-audit phase, and subject matter was confirmed through staff interviews. Staff easily articulated the content of the training and how it relates to their job duties. (b) The facility houses both female and male residents, so the training is presented in a manner that is tailored to meet the needs of both genders. Due to the physical layout and size of the resident population, staff will routinely interact with both female and male residents; therefore, the training covers both female and male residents, ensuring all employees are adequately trained for working with all residents. Auditor reviewed training rosters in addition to completion certificates for 25% of the staff. All newly hired staff members are required to undergo the initial staff orientation for PREA. In addition, the facility conducts mandatory annual staff training. In addition, the facility holds monthly staff meetings where any policy changes or practices regarding PREA will be discussed. The knowledge the staff has in regard to the PREA policy was impressive, specifically with the few staff members who were fairly new to the organization. This finding was demonstrated by the review of training documentation for staff.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Exceeds Standard

	Auditor Discussion
	Documents A. PREA Policy B. PREA Vendor Training C. Vendor Visit Log D. Volunteer and Contract Training Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director E. Random Staff Site Review Findings (By Provisions) (a) The agency policy states that all contractors and volunteers are required to undergo training prior to providing services at Alpha House. All vendors that provide a service such as vending machines, food delivery, etc., are provided a brochure outlining the PREA requirements of the facility and are escorted by staff while on-site. Any vendors provided by BOP are required to complete mandatory PREA training through the FBOP. (b) The facility mandates that all volunteers or contractors who have contact with residents receive the same PREA training as the facility staff. The curriculum demonstrated for findings in PREA standard 115.231 is the same one used for contractors/volunteers. The facility has a PREA pamphlet for vendors that enter the facility. The vendor is required to read and acknowledge understanding of the information provided in the brochure. The vendors are supervised by staff when conducting their services while on-site. (c) In the training files for volunteers and contractors, there is a signed training form that indicates the recipient received and understands the training. Auditor viewed training files of volunteers/contractors to ensure compliance with this subsection of standard 115.232. There are currently four volunteers, and the only contractors on the premises are escorted by security during the implementation of services. These services consist of maintenance, pest control, vending, etc. The facility issues the PREA information to all outside guests before entering, regardless of whether they visit frequently or not. The facility exceeds the requirements of the standard by ensuring each person entering the facility is aware of the requirements

	of PREA, not only by the informational pamphlet issued each time, but also the lobby where visitors/vendors/contractors enter has a video playing continuously. Each time Auditor entered the building, the pamphlet was presented for review.

115.233	**Resident education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents A. PREA Policy B. PREA Resident Brochure English/Spanish C. Resident Orientation Handbook D. Intake Records E. Resident Orientation Handbook Spanish F. Poster G. Victim Poster Interviews A. PREA Coordinator B. Intake Officer C. Executive Director D. Intermediate or Higher-Level Staff E. Random Resident Site Review Findings (By Provisions) (a) Upon arrival at the Alpha House facility, residents receive written information regarding the facility's zero tolerance for sexual abuse and harassment, how to report such incidents, and the facility's procedure for responding to such incidents. Out of the 11 random residents interviewed, all of them reported they received the initial orientation immediately upon arrival at the facility. In addition, the facility policy requires the facility to provide additional PREA education for the resident

	within the first 30 days of his or her arrival. Auditor reviewed the education materials provided upon intake, as well as the comprehensive education materials. All materials provide specific information about the zero-tolerance policy and multiple ways to report incidents and/or suspicions of sexual abuse or harassment. The content of the materials also includes contact information for victim advocacy, consequences for PREA violations, and an overall definition of PREA terms. (b) The vast majority of the residents are transferred directly from the Bureau of Prisons. Once Alpha House is provided the name and location for potential transfer, Alpha House mails the resident a packet of information that includes the zero-tolerance policy and how to access support services. The resident then receives training upon intake and a refresher within 30 days of arrival. This information was verified through resident interviews. Auditor also reviewed 50% of the current residents' signed forms of resident receiving information and cross-referenced it with the transfer order indicating the day the resident arrived; all were in compliance with this standard. There is a limited selection of residents available for the interview process due to the residents being at work. The auditor used a stratified random sample method and attempted to select every 4th name on the resident rosters. If the resident was at work, the auditor chose the next name while ensuring the sample included both male and female residents. (c) The facility has a Spanish version of the PREA Resident Orientation handbook in the event the facility receives a resident who only speaks Spanish. The facility also maintains a partnership with Ozark Translator, LLC, to utilize as necessary. According to the interview with the Executive Director, this service has not had to be used to date, but the partnership is still in good standing in the event that services need to be accessed. According to staff interviews with the Executive Director and the PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. In the event that the facility receives a resident with special needs, the staff works with them one-on-one for a needs assessment. If the facility cannot accommodate the needs of the resident, appropriate placement is found, and the resident is transferred. Interviews with the Case Manager and residents verified the frequent one-on-one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. (d) The facility maintains signed documentation that each resident received and understood PREA training upon arrival at the facility. Auditor reviewed 50 percent of current resident training files, and 100 percent compliance was indicated during review. All files reviewed included the resident's signature and date of arrival. (e) The agency has posters and information regarding support services and reporting avenues located throughout the facility. During the onsite tour, the auditor noted the visibility of PREA information displayed in the following areas: hallways, housing areas, laundry, residential dining hall, and common areas. The facility had the information appropriately placed where it was easily accessible to be viewed by staff and residents. The audit notice was appropriately posted in all areas and was posted on April 3rd, 2025. The resident interviews verified the notice

	had been up for “several weeks “and reported the PREA signage is a permanent fixture in the facility. The information was not obscured and was free of graffiti, and clearly identified what services were available and for what purposes. The facility goes above and beyond to ensure the residents are well informed regarding the PREA guidelines of the facility. The PREA video is playing continuously in the lobby, and the signage is present in all areas. Based on the interviews with the residents and the resident files reviewed, it is evident that the facility exceeds the requirements of this standard.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Organizational Chart C. Investigative Training D. Coordinated Response Plan E. Investigator Certificate F. DOJ Uniform Evidence Protocol for Sexual Assault Interviews A. PREA Coordinator B. Investigator C. Assistant Facility Director D. Intermediate or Higher Level Staff E. Random Staff Site Review Findings (by Provision) (a/b) The agency requires all PREA Investigators to complete the required training for Investigating Sexual Abuse cases in a confinement setting. The training provided for the current Investigator was provided through the U.S. Department of

	Justice, Investigating Sexual Abuse in a Confinement Setting. (c) The facility has two internal investigators. Auditor viewed the training completion certificates for the current Investigators. The investigators on site primarily function as a notification point of contact. Any investigation pertaining to sexual abuse or assault is handled by BOP.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Organizational Chart C. Resident Orientation Handbook D. Coordinated Response Plan Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher-Level Staff E. Random Staff Site Review Findings (by Provision) (a,b,c) All medical and mental health care is provided externally through the assistance of community resources. The BOP currently provides a contract CTS to assist with mental health issues, and all medical needs are addressed through Mercy Hospital. The facility maintains an MOU through Lime Creek Services, which provides Individual Counseling as necessary. The services for SAFE/SANE needs are provided through Cox Health. The local hospital complies with the medical standard of care, which provides for a forensic exam for sexual assault victims. It is noted, as previously mentioned, that residents who have significant medical and/or mental health needs are not sent to Alpha House for placement. The FBOP thoroughly

	screens residents for appropriate placement secondary to the individual's needs prior to assignment to a facility.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents A. PREA Policy B. Screening Assessment/30-day follow-up C. Resident Orientation Handbook D. Resident Arrival Documents E. Resident Orientation Handbook Spanish F. Poster G. Victim Poster Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Screening Officer E. Random Staff F. Resident Interviews G. Specialized Resident Site Review Findings (by Provision) (a) According to staff interviews and policy, the Case Manager is responsible for conducting the risk screening for residents upon arrival. The screening process takes place in the Case Manager's office, which ensures privacy for the sensitive nature of the questions during the screening process. Auditor reviewed the space

	and interviewed the screener to verify the process and privacy provided. The interview with the screener indicated a vast understanding of the sensitive nature of the questions and appeared to be equipped with the communication necessary to foster comfort and elicit responses safely and professionally. The auditor reviewed the screening assessment instrument and verified that it includes specific questions related to the risk of being sexually abused and sexually abusive towards residents. A review of 25 percent of resident files indicated that all resident files selected for the sample by the auditor included a completed assessment at intake and when transferred from another facility. The facility indicated that over the past 12 months, there have been zero residents the screening assessment indicated the resident was sexually abusive and/or a risk for victimization. In the past 12 months, 100 percent of residents received the PREA screening upon intake. This was verified through a memo from the Executive Director, staff, and resident interviews. (b) The agency policy states that the PREA screening is conducted upon arrival, and according to documents reviewed, this practice is compliant. Auditor reviewed 25 percent of screening forms for current residents and cross-referenced the date of arrival to ensure the screening is completed in a timely manner and performed upon arrival. The file revealed that all residents are screened for vulnerability within 72 hours and most often, within 24 hours. Every risk screening was evidenced to be completed within 72 hours of intake, and resident interviews verified that staff conducted the assessment either immediately upon intake or the following day. The auditor also interviewed the staff (Case Manager) who conducts the screening, who also verified that the screening takes place upon arrival unless exigent circumstances occur. (c/d/e) The risk assessment used by Alpha House is an objective screening assessment that was created by the agency and approved by BOP. The screening assessment includes all items required in provisions (d) and (e). Examples of scored items are history of past sexual abuse, age, the resident's perception of vulnerability, if the resident is or perceived to be LGBTQ or gender non-conforming, stature, any developmental disability/mental health, etc. Based on the resident's answers, the resident is given a designation to indicate the possible risk of victimization or potential as an abuser. There is an additional screening conducted for overall risk assessment, not specific to PREA, that would be referred to the PREA Coordinator if additional information is relevant to the resident's safety. Alpha House provides training for staff who complete the assessment to ensure additional documents are reviewed to confirm the resident's answers. (a) The facility's Case Manager meets with the resident one-on-one upon intake and again within 30 days after arrival to determine if the resident is having any issues in their assigned housing areas. The purpose of this review is to ensure the resident feels safe and that there have been no changes to the original information provided upon intake to the facility. During this meeting, the Case Manager updates the information utilizing the rescreening assessment and addresses any new concerns that may be identified. Twenty-five percent of the current resident population's 30-day reassessments were reviewed and were in compliance with the standard.

	(b) All residents are screened by BOP prior to placement at Alpha House. There are no high-risk sexual predators or residents who have been identified as high risk for victimization, typically transferred to Alpha House. In the event the facility receives a high-risk resident, a vulnerable or significantly disabled individual, BOP is contacted, and transfer arrangements are initiated. The resident in question would be housed separately and monitored closely until the time of the transfer, which, according to the Executive Director, is typically within 24-72 hours from the time of the request. Due to the specific population and the facility being a Reentry facility, the BOP also reviews the possibility of any co-defendants and/or enemies before transfer. Alpha House works with BOP staff prior to receiving transfers to ensure the resident will be safe and all needs accommodated. (c) In the event of an allegation and/or incident, the facility would reassess the level of victimization and document accordingly prior to the resident's transfer. Alpha House is required by contract to report any instances of sexual abuse to BOP immediately. The revised assessment would accompany the resident upon transfer from Alpha House to BOP. Their facility has an informal and formal process for disciplinary issues. However, the disciplinary issues regarding PREA are only processed formally. No resident would be disciplined for refusing to answer any questions relative to a PREA allegation. All disciplinary concerns are reported to BOP, and a transfer is arranged immediately. (d) In the interview with the Case Manager, it was confirmed that information from the vulnerability assessment is BOP electronic database. During the onsite visit, the auditor was told that only the Case Managers have access to completed PREA assessment instruments and are located behind two locked doors at all times. The specific historical information is not shared with all staff. Information regarding a resident's vulnerability level is shared to ensure proper supervision of higher-risk residents. Interviews with direct care staff verified that they do not have access to the instrument and are only provided basic information to inform the supervision of residents. The screening process is thorough and detailed. The intake process is confidential, and the 30-day review is completed in a timely manner. It is evident that the facility clearly takes the necessary steps to ensure the screening is completed in a professional, confidential, and respectful manner. The practice the facility has in place exceeds the requirement of this standard, not only by a detailed written policy, but also in a practice that exhibits consistency, professionalism, and efficiency.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents

	A. PREA Policy B. PREA Screening C. Resident Orientation Handbook D. Resident Arrival Documents E. Resident Orientation Handbook Spanish F. Reassessment PREA Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intake Staff E. Random Staff F. Random Residents E. Specialized Residents Site Review Findings (by Provision) (a) The agency utilizes the information obtained through the screening process to determine housing appropriate to the resident's individual needs and PREA designation. Due to the thorough screening process completed by BOP prior to transfer, it is not likely that a resident will need specific housing based on the designation from the PREA screening. However, in the event the screening indicates vulnerability or high risk for predator or sexual victimization, the resident will be housed separately until transfer, which typically occurs within 24 hours. During interviews with the Case Manager, the auditor verified that the information from the screening instrument does help inform the level of supervision needed while residents are in the community, as well as the type of employment the resident seeks. However, due to the population composition and thorough screening from BOP, it is unlikely a high-risk predator would be sent to Alpha House and allowed to remain. According to the Executive Director, the facility is not under any type of consent decree, etc., nor has the facility needed to transfer a resident secondary to the screening results during this audit period. (b) The facility makes individualized determinations on how to ensure the safety of each resident. Per the PREA policy, these decisions are made based on the

	screening assessment, record review, prior behavioral history, etc. The policy continues to state that the facility will consider, on a case-by-case basis, the best placement for the resident to ensure overall safety. The decision will be documented in the resident's case file. (c) According to the PREA policy, the facility shall make decisions on the placement of transgender or intersex residents on an individualized basis to ensure the residents' health and safety. This process would be completed by the Case Manager and documented in the resident's case file. To date, the facility reports that they do not have a transgender or intersex resident during this audit period. That said, interviews with the Case Manager verified that if they did receive a resident who was transgender or intersex, they would take actions to ensure the resident's health and safety. These actions may include closer staff supervision (1:1), more check-ins while the resident is in the facility, and possible transfer to another facility. The resident would have the opportunity to shower, toilet, and change clothes in private. The facility has a private room for handicapped individuals that is isolated and has a private shower. The Executive Director states that the handicapped room would be used in the event that the facility received a transgender resident. (d) Interviews with the Case Manager verified the knowledge of the PREA requirement that transgender or intersex residents must be reassessed at least twice each year to review any threats to safety experienced by the resident. As previously mentioned, the program does not currently have any transgender or intersex residents. (e) During the intake process, all residents complete a PREA assessment/interview. As mentioned, the Alpha House instrument used has a specific question regarding a resident's view of their safety. Specifically, the item asks about past sexual victimization, assesses weight/height, previous history of predatory behavior, perception of gender identity, etc. Interviews with the Case Manager verified that they ask new residents all the questions on the screening instrument. Review of resident files also confirmed that all questions are answered and appropriately scored for assessment of risk. (f) PREA regulations require that all transgender and intersex residents have the opportunity to shower separately from other residents. All residents in the Alpha House program shower individually. The program has multiple restroom areas for each male housing unit with multiple single showers and toilets, all provided with privacy barriers. Interviews with residents verified that all residents shower alone, and staff do not enter the shower area when in use. The female housing units have showers and toilets in the rooms. (g) The program layout allows for LGBTQI to be housed on a separate wing or floor if the need arises. Interviews with the Case Manager and Executive Director explained that residents are placed in bedrooms based on vulnerability tool information, but not because they are LGBTQI.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Sexual Abuse Training C. Resident Orientation Handbook D. Resident Brochure E. Incident form PREA F. Poster for PREA G. Victim Poster H. Staff Training Rosters Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Resident E. Random Staff Site Review Findings (by Provision) 115.251 (a) Alpha House has numerous methods for residents to report any issues of abuse or harassment. The facility provides a list of contact numbers for community service organizations in the packet. Not only does the resident have a cell phone in his/her possession at all times facility also provides the telephone number to the National Sexual Assault Hotline, the local Victim Center, and the contact information for the PREA Coordinator. In addition, the information for all services provided is televised 24 hours a day/7 days a week on the TV in the lobby. (b) Due to the ability to possess a cell phone, each resident has the freedom to

	contact the local police department, 911, and community resources at any time. This flexibility provides an avenue that could be utilized at any time, day or night, and could be done independently if the resident chooses not to report to staff. Auditor interviewed 11 random residents, and the majority were familiar with the methods available to report any sexual abuse and/or harassment. However, all residents knew the numbers were posted in the hallway and on all bulletin boards. (c) The educational brochure distributed to the resident upon arrival clearly indicates in writing that Alpha House has a zero-tolerance policy for any sexual abuse and/or harassment. The policy reads that any allegation of sexual abuse shall be reported to the Agency PREA Coordinator immediately. The policy states that the staff member receiving the report is responsible for documenting the incident immediately. (d) The Agency includes in policy; all staff are required to report any sexual abuse/ harassment allegation and document it immediately on the Alleged Victim and the Significant Incident Report form. The form has the information needed to ensure all parties are contacted and all actions post-allegation are completed promptly. Staff have the ability to confidentially report any harassment and/or abuse allegations directly to the Executive Director or the upper management. This notification can be done via email, phone call, or through the use of the reporting form. During interviews with the Executive Director and the Assistant Facility Director, it is clear that the Agency fosters an “open door” policy for all staff to have access to upper management. In the policy and in the MOU with Victim Center, confidentiality is addressed specifically when addressing reporting allegations. It is apparent, based on interviews and observations, that staff could easily report to any member of upper management, and the concerns would be addressed appropriately.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Administrative Remedy Procedure C. Resident Orientation Handbook Interviews A. Executive Director

B. PREA Coordinator

C. Assistant Facility Director

D. Random Staff

E. Random Resident

Site Review Findings (by Provision)

(a) The facility has a PREA policy in place that outlines the procedure for filing a grievance regarding sexual abuse. The interview with staff and residents verified knowledge of this policy and confirmed that the practice is followed accordingly.

(b) The facility policy instructs staff that all PREA grievances will be handled as an "emergency" grievance and answered immediately upon receipt. The facility has no restrictions for a resident to file a grievance at Alpha House. The policy states that all complaints are reviewed and processed in a timely manner. The process includes the resident filing a formal written grievance and forwarding it to the facility staff. If the grievance is considered to be sensitive in nature or any sexual assault/abuse allegation, there is no time limit when reporting. The facility does not require the resident to use an informal grievance process to resolve a sexual abuse allegation. The directive also details the process of receiving third-party grievances regarding sexual assault. All sexual assault grievances are processed on an emergent basis.

(c) The process outlined in the policy allows the resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. In addition, the grievance filed will not be referred to the staff member who is the subject of the complaint.

(d) As stated earlier, all grievances related to sexual abuse allegations are answered immediately, but not to exceed 90 days from the filing of the grievance. In the past 12 months, there have been no PREA grievances filed. This was verified through an auditor review of all grievances in the past 12 months, none of which were found to be related to sexual abuse or harassment allegations. In addition, zero of the residents interviewed had filed a PREA grievance while housed at the facility. Due to the lack of a grievances file, there were no instances in which an extension had been requested. The facility would notify the resident in writing that the agency filed an extension and a date by which a decision would be rendered.

(e) The policy permits third parties to assist residents in filing requests for administrative remedies relating to sexual abuse and to file such requests on behalf of the resident. In the event a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the facility will document the resident's decision to decline. To date, there have been no incidents in which a resident has declined to have third-party assistance in filing a grievance alleging sexual abuse.

	(f) The agency policy requires an initial response within 48 hours of the grievance being filed if the grievance alleges a substantial risk of imminent sexual abuse. According to policy, the final decision has to be issued within 5 days. All appeals to a grievance decision are forwarded to the Federal Bureau of Prisons. There have been no grievances filed within the last 12 months that required a response within 5 days. Auditor reviewed all grievances filed, and none of the grievances filed were alleging sexual abuse/harassment. (g) The facility policy has limitations on discipline for residents who are determined to have filed a grievance in bad faith.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. MOU Victim Center C. PREA Brochure D. Community Organization contact number posted on the bulletin board E. Resident Orientation Handbook Spanish F. Poster G. Victim Poster H. Sexual Abuse Training Curriculum for Residents Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher Level Staff E. Random Staff F. Random Resident

	G. Victim Center Site Review Findings (by Provision) (a) The Alpha House has an MOU with the Victim Center Advocacy Center. While onsite, the auditor verified the partnership with Victim Center through contact with the organization. The organization is available by phone, mail, or in-person visit. All contact information is widely posted for all residents to view. All residents interviewed acknowledged the freedom to contact the organization on their own by using their personal cell phone. As stated before, all residents have the ability to reach any local community resource utilizing their personal cell phones at any time. The residents also have access to utilize internet services as needed to research any resources that are available. It is evident that the facility offers multiple avenues for emotional support relative to sexual abuse. Not all residents could articulate specifics regarding every avenue available, but they did verify the feeling of safety and knew the facility would readily provide any available resource in the event a complaint was filed. At no time did any resident voice a feeling of being unsafe or afraid to discuss any PREA-related concern with staff. (b) The facility informs the residents of the mandatory reporting rules governing privacy and confidentiality through the orientation documents and the resident handbook. The handbook is provided at all intake interviews, and the resident signs verifying receipt of the handbook. In addition, the information is forwarded to the sending facility prior to transfer to Alpha House. The resident is provided with the resources for reporting avenues prior to arrival at Alpha House and again during the intake process. (c) The facility maintains an MOU with the Victim Center Organization in Springfield. The auditor reviewed a copy of the agreement between the facility and the community organization. The facility maintains a productive working relationship with the organization, coordinating victim advocacy services through communications with the Victim Center. The facility provides services for victim advocacy, grief and trauma support, trauma-informed care, and crisis prevention and intervention.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy

	B. MOU Victim Center C. Resident Orientation Handbook D. PREA Brochure E. Resident Orientation Handbook Spanish F. Poster G. Victim Poster H. Sexual Abuse Training Curriculum for Residents Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Residents E. Random Staff F. Case Manager G. Informal conversations with staff and residents Site Review Findings (by Provision) (a) The facility provides multiple methods for a resident to report sexual abuse and/or harassment. Upon arrival at the facility, each resident is provided a written materials for resources pertaining to Sexual Assault. The facility also publicly distributes this information on the bulletin boards located throughout the facility and the agency website. The bulletin boards are in areas that all residents have access to view. In addition to the written material, the information is also provided in the resident handbook provided to each resident upon arrival at the facility.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents

	A. PREA Policy B. Organizational Chart C. Staff PREA Training Curriculum D. Coordinated Response Plan Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher Level Staff E. Random Staff Site Review Findings (by Provision) (a) Included in the policy directive, the agency requires all staff to report immediately any knowledge, suspicion, or information received regarding an incident of sexual abuse. This information is covered in annual PREA training and monitored through the review of the Incident Reports submitted at the end of each shift. The policy outlines that all staff are to report any allegations of retaliation against residents for submitting a report. In addition, staff are required by policy to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (b) In the PREA policy, it states that all allegations shall be treated with discretion and confidentiality. There are specific methods for staff to privately report sexual assault or misconduct of residents to any staff member. During staff interviews, it was verified that the upper management is perceived to be very approachable, and staff stated there would be no hesitation to privately report an incident or allegation to leadership staff. Staff confirmed that PREA response and reporting are routine topics at staff meetings and trainings. Documents that pertain to PREA are secured and only viewed by the Case Manager. (c) Alpha House does not employ medical or mental health staff; however, all staff are trained on the requirement of reporting sexual abuse immediately in accordance with policy. (d) Alpha House does not house residents under the age of 18. Per the Policy directive, the facility staff is required to report any allegation regarding a vulnerable adult to the designated State and local law enforcement agency. This includes

	those residents who would be considered vulnerable adults. (e) The Director/PREA Coordinator receives all allegations, which include any allegations of sexual abuse or harassment reported by a third party and/or anonymous reports.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Training Curriculum for Staff C. Resident Orientation Handbook D. Coordinated Response Plan Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Staff Site Review Findings (by Provision) (a) The facility policy directive outlines the steps the agency requires staff to follow in the event the facility learns the resident is subject to a substantial risk of imminent sexual abuse. The facility coordinated action plans instructing staff to immediately respond and separate the abuser from the victim. Furthermore, the policy outlines the procedure to refrain from allowing the victim to shower and to contact assistance from the supervisor immediately. The facility includes the procedure to contact appropriate persons necessary to ensure medical and mental health services are provided, in addition to investigative services. To date, the facility has not had any incidents that determined a resident was subject to a substantial risk of imminent sexual abuse. On-site interviews indicated staff receive formal training in understanding the importance of resident safety and procedures

	for response to imminent risk of sexual abuse. The process includes immediate separation of the alleged perpetrator and victim. Interview with the Agency PREA Coordinator and Executive Director confirmed that in the event a staff member was alleged to have sexually abused or sexually harassed a resident, the staff member would be removed from the premises and suspended immediately. Staff and residents revealed an understanding of the coordinated response protocol, which includes immediate action and follow-up to ensure long-term safety (private room, transfer if requested by resident, etc.) Interviews verified that Alpha House's practice is consistent with agency policy and PREA federal standards. There is sufficient evidence supporting Alpha House would respond immediately and take appropriate action to any sexual abuse allegation.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Statistical Information regarding the number of allegations C. Investigation of the reported incident D. Coordinated Response Plan Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Case Manager E. Random Staff Site Review Findings (by Provision) (a) The facility's PREA policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the director or designee of the facility receiving the information shall notify in writing the

	administrator at the facility where the resident was transferred. Alpha House has not had an incident in which a resident disclosed they were sexually abused while in a prior placement/facility in the past 12 months. Interview with the PREA Coordinator and the Executive Director verified that in the event Alpha House received the information that the resident alleged abuse at the previous facility, a notification would be sent to the administrator (at the prior facility) immediately. This notification would be done in writing via email, followed by a phone call. In addition, the facility would report this notification to the assigned facility BOP monitor. (b) The policy outlines that the notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation, and documentation shall be placed in the resident's master facility record. (c) The interviews with the Investigator, Executive Director, and PREA Coordinator confirmed that any allegation, whether at Alpha House or other facilities, will be immediately referred to Investigative Services for initiation of a PREA investigation.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Procedures for PREA Incident C. Resident Orientation Handbook D. Coordinated Response Plan E. Staff PREA Training Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher Level Staff E. Random Staff

	Site Review Findings (by Provision) (a) As described in previous standards, the Alpha House, agency policy PREA policy provide specific response instructions for first responders when an allegation of sexual abuse occurs. These instructions include separation of the alleged victim and abuser and ensuring the alleged victim and abuser do not take any actions that could destroy physical evidence (i.e., washing, brushing teeth, changing clothes, eating, or using the bathroom). (b) Staff PREA training is mandatory, and the content is applicable to all staff, not just security staff. Staff interviews indicated that staff were extremely knowledgeable of the procedure and the responsibilities of a first responder. Both non-security and security staff acknowledged they would notify the security staff supervisor immediately upon ensuring the victim and abuser were separated. Staff were aware of the protocol to preserve evidence and protect the crime scene until appropriate personnel arrive.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Coordinated Response Plan Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher Level Staff E. Random Staff Site Review Findings (by Provision) (a) The facility has a written coordinated action plan included in the policy that

	includes ensuring the safety of residents and staff. The plan instructs to separate the victim and abuser, notification of supervisor, and seek immediate medical assistance if necessary. The plan also includes securing the scene and ensuring the victim or abuser does not wash, brush teeth, use the restroom, etc. The action plan also encourages staff to be observant of the resident's demeanor. The plan covers the staff responsibilities as first responders as it pertains to coordinating the action of obtaining assistance from medical, mental health, and investigators. The timeline regarding documentation is also included in the facility plan is not greater than 24 hours for the actual written report and immediate notification of facility leadership as soon as it occurs. The plan allows for staff to document exact times when the appropriate personnel, law enforcement, and victim services were contacted. The PREA Coordinator reviews the action plan during monthly meetings, and the staff has the action plan and the PREA policy in the Watch Office (Control Area).

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Organizational Chart C. BOP Contract D. Coordinated Response Plan E. Pre-Audit Questionnaire Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director Site Review Findings (by Provision) (a) The Agency does not have an outside agency that is responsible for collective bargaining on the agency's behalf, which would limit the agency's response

	concerning disciplinary actions against staff members. During the pre-audit review, the facility's response on the PAQ verified that this standard is not applicable. In the interview with the Faculty Director, it was reported that no collective bargaining agreements have been entered into or renewed.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Memo regarding staff assignment retaliation C. Resident Orientation Handbook D. Coordinated Response Plan E. Victim Review Form for Retaliation H. Pre-Audit Questionnaire Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher Level Staff E. Random Staff Site Review Findings (by Provision) (a) During the pre-audit phase portion of the audit, the facility provided Alpha House PREA Policy and Procedure in support of their compliance with this standard in the responses provided in the PAQ responses. The policy allows protection measures to include housing changes, transfers, removal of alleged staff or resident abusers, and emotional support services. (b) Per policy, Alpha House PREA Coordinator shall monitor the conduct and

	treatment of residents and staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. The policy defines the purpose of the meetings as ensuring there have been no changes that may suggest possible retaliation by residents or staff. (c) In the event retaliation is reported, the staff is directed to act promptly to remedy any such incidents of retaliation. Documents included in the review to determine if retaliation occurred include, but are not limited to, disciplinary reports, housing/programming changes, and negative evaluation forms from staff. The PREA Coordinator shall continue the monitoring beyond 90 days if the initial contact indicates a need. During this monitoring phase, periodic custody level checks are reviewed. All the monitoring contacts and allegations of retaliation are monitored by utilizing the 90-day post-report monitoring form to document all contacts. Interviews with the PREA Coordinator, the Executive Director, and the Case Manager verified knowledge of the practice and familiarity with the specific form that would be utilized in the event of an allegation of retaliation.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Investigative Case File C. Victim Advocacy Contact Info D. Coordinated Response Plan E. DOJ Uniform Evidence Protocol for SA Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Staff

	Site Review Findings (by Provision) (a) During the pre-audit phase of the audit, the facility provided the Alpha House PREA policy and procedure in support of compliance with this standard. All reports of sexual harassment or abuse of residents will be investigated by a trained investigator according to relevant PREA standards. The policy requires training specific to investigating sexual abuse and misconduct. The training includes but is not limited to sexual abuse investigations, crime scene management, elimination of contamination, evidence collection protocol, and crisis intervention. In addition, the local authorities will be notified in order to assist with the investigation and secure evidence. Staff and resident interviews revealed there have been no incidents of allegations regarding sexual abuse or resident-on-resident sexual abuse. (b) The facility provided proof of the Investigators' specialized training by providing a completion certificate. During the interview process, the Auditor was informed that although there are trained investigators on staff, the DOJ would initiate an investigation into all allegations of sexual abuse. If a criminal act is suspected, the allegations are referred immediately to the Springfield Police Department and the DOJ for investigation. In the event of an investigation, all documentation is also forwarded to the Federal Bureau of Prisons, with a copy remaining at the facility for record keeping. (c) The interview with the Executive Director verified that the investigative process would begin immediately upon receiving the report. The Director further stated that third parties are investigated in the same manner as first-hand reports of allegations. The Agency investigator/Director would be responsible for securing the scene until local law enforcement arrives. (d) Auditor was able to review the investigative documentation process for an investigation, and it included the PREA Incident Form to be used to document the specifics of the incident for investigatory procedures. The investigator onsite will handle the basic preservation of evidence, but will only complete interviews with the abuser/victim if the incident was administrative only. The Springfield Police Department would begin and complete the investigation if there is any suspicion or evidence that the incident would be a prosecutable crime. (e) During the interview with the Director/Investigator, he revealed that the credibility of the victim, suspect, or witness would be assessed objectively without a presumption that one person is more credible than the other until evidence of credibility indicates one way or the other. The Director/investigator also verified that under no circumstances would a resident who alleges sexual abuse be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with the investigation. (f) During the onsite portion of this audit, the auditor interviewed the Assistant Facility Director/Investigator. The investigator informed this auditor that administrative investigations do include an effort to determine whether staff actions or failures to act contributed to the abuse. The investigator further established that during interviews and evidence gathering looking they actively look for the

existence of staff neglect, violation of the standards of employee conduct, and whether staff maintain fidelity with the agency's policies and procedures. Additionally, the investigator reported that all administrative investigations are documented in written reports that include: a description of all physical and testimonial evidence; all questions asked of these people; a list of and responses of all witnesses, staff, or community-service providers interviews; follow-up with law enforcement as well as notification to the alleged victim; and findings along with evidence used to make the determination of substantiated, unsubstantiated, or unfounded. As stated previously, all allegations of sexual abuse are immediately reported to the assigned FBOP agency monitor.

(g) During the onsite portion of this audit, this auditor interviewed the Assistant Facility Director, who also serves as the facility lead investigator. The investigator disclosed that the local law enforcement agency and/or BOP provides the agency with a detailed account of all efforts completed during the investigation. The facility maintains a partnership with the SPD that ensures the agency complies with the Federal PREA regulations.

(h) During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided Alpha House policy and Procedure as evidence of their compliance. The Policy establishes that all reported incidents will be referred to law enforcement, and all reported incidents will be investigated. During the pre-onsite portion of this audit, the Facility indicated that over the past 12 months, there were zero investigations.

(i) The investigator informed this auditor that criminal investigations (similar to administrative investigations) are documented and retained pursuant to the Agency's record retention policy. All records have a five-year retention cycle. This information is also located in the Agency PREA Policy.

(j) During the onsite portion of this audit, this auditor interviewed the Assistant Facility Director, who also serves as the facility lead investigator. The investigator informed this auditor that the departure of the alleged abuser or victim from the employment or control of the facility or agency does not terminate the pending investigation. The investigator informed this auditor that efforts would be continued to complete the investigation. During the pre-onsite portion of this audit, the Agency indicated that over the past 12 months, there had been no allegations resulting in an administrative investigation. This was verified through the Human Resources Representative and a file review of HR files.

(k) As stated earlier, SPD has a partnership with Alpha House that indicates an agreement for the SPD to comply with the Federal PREA Mandates.

(l) During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. The PREA Coordinator informed this auditor that Alpha House informs the investigating agency of the PREA standard that requires that the facility remain informed of the progress and outcome of the investigation. Additionally, facility high-level supervisory personnel revealed that in the event the Alpha House does not conduct the investigation, the facility requests relevant information from the

	investigative agency in order to keep the resident and referral source informed. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions of this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Pre-Audit Questionnaire C. Consent for Victim Advocate D. Plan for SAFE/SANE letter E. DOJ Uniform Evidence Protocol for Sexual Assault G. Pre-Audit Questionnaire Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Staff Site Review Findings (by Provision) (a) During the pre-onsite portion of this audit, the Alpha House facility's PREA Policy establishes that Alpha House imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. During the onsite portion of this audit, the auditor interviewed the Facility Investigator. The investigator informed this auditor that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment was a preponderance of evidence. The Investigator was able to easily articulate an explanation of his interpretation of the preponderance of evidence. His response was consistent with the intent of the PREA standard 117.72. Based

	upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy B. Organizational Chart C. Resident Orientation Handbook D. Coordinated Response Plan E. Resident Orientation Handbook Spanish F. Poster G. Victim Poster H. Pre Audit Questionnaire Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Intermediate or Higher Level Staff E. Random Staff Site Review Findings (by Provision) (a) The Alpha House Policy establishes, Alpha House will inform residents of the outcome of investigations, with the result being one of three outcomes: substantiated, unsubstantiated, or unfounded. (b) The policy states Alpha House will request relevant information from the local investigative entity in order to properly inform the resident of the investigation

	outcome. During the interview process, the Director reiterated the positive partnership between the facility and the SPD. According to the Executive Director, SPD has always been very easy to work with and maintains frequent contact with the facility to ensure all incidents are handled appropriately and communication is consistent. (c) The resident is notified by the PREA Coordinator upon the completion of the investigation. In addition to the findings, the form should provide the date the allegation was received, what entity investigated the allegation, and the status of the abuser, whether it is staff or resident. Copies of the form should be maintained in the resident's case management file. (d) During the pre-onsite portion of this audit, the Facility provided Alpha House PREA Policy and Procedure in support of their compliance with this standard in their PAQ responses. As indicated in subsection (a) above, if an allegation is substantiated, the results of the investigation will be forwarded for prosecution. The victim will be informed of the outcome. (e) During the pre-onsite portion of this audit, the Facility provided Alpha House PREA Policy and Procedure in support of their compliance with this standard in their PAQ responses. The Policy establishes the description of the form in addition to the information that is required per the standard. (f) The PREA policy states that the Agency's obligation to report under this standard shall terminate if the resident is released from custody.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Resident Orientation Handbook C. Coordinated Response Plan D. Pre-Audit Questionnaire E. Employee Handbook Interviews A. PREA Coordinator

	B. Executive Director C. Assistant Facility Director D. Investigator E. Random Staff Site Review Findings (by Provision) (a-c) During the pre-onsite portion of this audit, the Facility provided Alpha House PREA Policy and Procedure in support of their compliance with this standard in their PAQ responses. The Policy establishes, disciplinary sanctions for staff who violate agency sexual abuse policies relating to sexual abuse and harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. At Alpha House, staff found to have engaged in sexual harassment, sexual misconduct, or sexual abuse under PREA will be terminated from employment. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff who violated the agency's sexual abuse or sexual harassment policy would be subject to disciplinary sanctions up to termination. The facility reported that over the past 12 months, there have been zero incidents of staff violating sexual abuse or sexual harassment policies. This auditor corroborated that through a review of allegations reported over the past 12 months. The facility reported that over the past 12 months, there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). This auditor corroborated that through a review of allegations reported over the past 12 months. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff who violated the agency's sexual harassment policy would be subject to commensurate disciplinary sanctions, with input from the agency's contracting bodies. The PREA Coordinator confirmed that there were no disciplinary actions taken on staff in this audit period who had been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). (a) During the pre-onsite portion of this audit, the Facility provided the PREA Policy and Procedure in support of its compliance with this standard in its PAQ responses. The Policy establishes, all terminations for violations of agency policies relating to sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Volunteer Contract Incidents Memo Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director Site Review Findings (by Provision) (a-b) During the pre-onsite portion of this audit, the Facility provided Alpha House PREA Policy and Procedure in support of their compliance with this standard in their PAQ responses. The Policy establishes, the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The facility indicated that over the past 12 months, there had been no instances where contractors or volunteers had been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of residents. During the onsite portion of the audit, this auditor interviewed the Executive Director. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Resident Orientation Handbook

	C. Resident Orientation Handbook Spanish Interviews A. PREA Coordinator B. Assistant Facility Director C. Resident Interviews D. Random Staff Site Review Findings (by Provision) (a-g) During the pre-onsite portion of this audit, the Facility's response on the PAQ was compliant with this standard. The Alpha House PREA Policy and Procedure establishes; residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident abuse or following a criminal finding of guilt for resident-on-resident abuse. The policy continues to state, sanctions will be commensurate with the nature and circumstances of the abuse committed, the disciplinary history of the resident, and the sanctions comparable to residents with similar offenses. The DB process takes into consideration the mental condition of the resident and whether it would have contributed to the behavior. During the onsite audit portion of this audit, this auditor interviewed the Executive Director, and they revealed that the agency may discipline a resident for sexual contact with staff only upon finding staff did not consent to such contact. The facility also has the authority to discipline a resident for a false report; however, policy includes a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Based on review and analysis of available evidence, the auditor has determined that the agency is compliant with this standard.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Pre-Audit Questionnaire

	C. Consent for Victim Advocate D. Plan for SAFE/SANE letter E. Victim Advocate Qualification Brochure F. DOJ Uniform Evidence Protocol for Sexual Assault Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Resident Interviews E. Random Staff Site Review Findings (by Provision) (a-d) The Alpha House policy establishes; victims of rape or sexual assault will be referred to Cox Health for physical assessment and documentation of injuries by a SANE nurse. This referral will occur in a timely manner and will afford the victim unimpeded access to emergency medical treatment and crisis intervention services. Staff will arrange transportation for the victim to the hospital via Emergency Medical Service, unless the alleged abuser is a staff member, then staff would only accompany the resident if requested, so as not to impede the investigation. The hospital staff will be requested to provide information and access to emergency contraception, testing for and treatment of sexually transmitted infections, including HIV, and prophylaxis at no cost to the resident. All necessary services will be provided to the resident victim at no cost, regardless of whether the victim names an abuser or cooperates with the investigation. During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical treatment and crisis intervention. The PREA Coordinated reported that any treatment would be at no cost to the resident. The PREA Coordinator indicated that the facilities would document the timeliness of the emergency medical treatment and crisis intervention services that were provided, the response by program staff that acted as first responders, and timely information and services concerning contraception and sexually transmitted infection prophylaxis. During the onsite portion of this audit, the auditor interviewed security and non-security staff and first responders. The facility indicated that all staff are the facility’s first responders. This auditor interviewed the staff and asked them about the first responder protocol. All staff indicated that in the event they were the first to respond or learn of a sexual assault, they would call for additional staff, call

	911, notify the on-call supervisor, separate the alleged victim and accuser, secure the scene, and arrange for medical care. Having no medical or mental health practitioners on-site, the facility has evidenced a consistent procedure among security and non-security first responders, the necessity to immediately take steps to protect the victim and arrange for medical or mental health care through the program treatment offered by BOP. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Statement regarding BOP contract with MH C. Plan for SAFE/SANE letter D. Victim Center brochure E. DOJ Uniform Evidence Protocol for Sexual Assault Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Resident Interviews E. Random Staff Site Review Findings (by Provision) (a-c) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Alpha House PREA Policy and Procedure. The interview with the PREA Coordinator revealed that medical staff at the local hospital are responsible for examination, documentation, and treatment of

	victim injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmitted infections, including HIV. The forensic exam is performed by qualified sexual assault examiners (Sexual Assault Nurse Examiners). The victim is examined at Cox Health Hospital, which is equipped to conduct such examinations. The forensic exam will occur as soon as possible, but within 72 hours of staff becoming aware that a resident reported involvement in a sexually abusive assault. A resident's refusal of a forensic examination is documented in the resident's record. The facility will arrange follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmitted infections), pregnancy testing for female victims, and administration of prophylactic medication (if exposure to bloodborne pathogens is suspected) if these services were not already rendered. The facility will also coordinate any referrals to mental health providers in the community for follow-up care after an incident. The services will be at no cost to the victim. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive access to community-based medical and mental health treatment. This auditor also interviewed case management staff at this facility. These staff indicated that all residents, including those who have reported prior sexual abuse or victimization, are offered mental health services through community-based providers. (d-f) As indicated in subsections (a-c) above, the policy includes testing when appropriate for pregnancy and sexually transmitted infections, including HIV. (a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Alpha House PREA Policy and Procedure and the Resident Handbook. The handbook summarizes, treatment services shall be provided to the victim without financial costs and regardless of whether the victim cooperates with any investigation arising out of this incident. The facility has had zero reports of sexual abuse occurring in the facility in the last 12 months. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that under no circumstances would Alpha House require a resident to pay for treatment services as a result of being a victim of sexual abuse. She further reported that Alpha House would not condition payment of these services on whether the victim names the abuser and/or cooperates with the investigation arising out of the incident. (b) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision through the PREA policy. The policy states that the facility shall 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. During the onsite portion of the audit, 25 percent of the current population intake files were reviewed, none of which indicated residents being identified as a known abuser.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Incident Review form C. Coordinated Response Plan Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director D. Random Staff Site Review Findings (by Provision) (a-e) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with the PREA Policy and Procedure. The Policy establishes that the facility shall review the incident to assess the facility's response to the allegations. Executive staff includes the Executive Director, one or more supervisors, an Investigator, and, if possible, medical and mental health staff. All factors noted within PREA Standard 115.286(d) are considered. The PREA Compliance Manager will coordinate the meeting, gather documents to review in the review meeting. The review meeting will include recommendations for improvements, if any. According to the interview with the PREA Coordinator, if the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to the appropriate staff, typically the Agency PREA Coordinator, who ensures implementation of the recommendations or documents the reason for not following them. In cases of substantiated sexual abuse, the Executive Director reviews the incident to assess the facility's response. All factors noted with PREA Standard 115.286 (d) are considered. The PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. A copy of this report is forwarded assigned monitor from FBOP. There are no medical or mental health staff at the Facility, but if this changes, they would be present. According to the interviews with leadership staff, this team would review the incident within 30 days of the conclusion of the investigation. The form used is the Sexual Assault Debriefing form and the team considers the following: 1) whether

	there are any recommendations for improvement of policy or practice; 2) where there any past incidents 3) an examination of the area in the facility where the incident occurred to expose any potential physical barriers that may enable the abuse; 4) what was the response of staff and was it timely? 5) Was the victim offered medical attention and victim services? The Director reported that all incidents of sexual abuse are reviewed by the PREA Compliance Manager. The Executive Director informed this auditor that the facility does not have any medical or mental health practitioners on staff. The PREA Compliance Manager reported that the Incident Review team always prepares a report indicating its findings, including any determinations made pursuant to this standard. The PREA Compliance Manager also reported that she is always a member of the team; additionally, once the review has been completed, she is responsible for ensuring that the facility follows through and implements any corrective action developed. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. PREA Incident Tracking/Annual Report C. Coordinated Response Plan D. Agency website www.alphahouse.org Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director Site Review Findings (by Provision) (a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Alpha House PREA Policy and Procedure. This Policy establishes, the agency shall collect accurate, uniform data

	for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (b) The facility compiles an annual report of the incident-based sexual abuse data for the year. This report is published on the Agency website. Auditor reviewed the annual report, this report includes the aggregated report listing the number of substantiated, unsubstantiated, and unfounded sexual abuse allegations reported in the past 12 months. (c-d) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with the Facility's PREA Annual Report. The 2024 annual report included aggregate information on the types of incidents. The Facility provided this auditor with a monthly and annual report that tracked the daily population and total number of residents admitted and discharged. The facility collects aggregated data necessary to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Based on the interview process with the Executive Director and the PREA Coordinator, the facility indicated compliance with this provision and provided this auditor with the Alpha House PREA Policy. (h) The agency does not have any private facilities with which it contracts for the confinement of its residents. This subsection is not applicable to Alpha House. (h) During the pre-onsite portion of this audit, the Facility indicated that the facility has provided all requested documentation to the BOP, and it is then shared with the Department of Justice. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions of this standard.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. PREA Incident Tracking C. Agency website Interviews A. PREA Coordinator

	B. Executive Director C. Assistant Facility Director Site Review Findings (by Provision) (a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Alpha House PREA Policy and Procedure. The policy establishes, Alpha House reviews data annually as well as during the incident review period to identify problem areas, takes corrective action on an ongoing basis, and prepares an annual report of its findings per 115.288 (a)-1. A report is filed annually and is available on the website. The Facility also provided this auditor a copy of the Facility's PREA Annual Report. The annual report included aggregate information on the various types of incidents. During the onsite portion of this audit, the auditor interviewed the Executive Director and PREA Coordinator. The Executive Director reported that the PREA Coordinator keeps statistics. Alpha House reviews, analyzes, and discusses trends annually. Alpha House also evaluates each reported allegation to determine if the policy and practice are sufficient or could be improved. Alpha House considers training needs as well during that assessment. The PREA Coordinator reported that on an annual basis, she reviews incidents that would qualify as Sexual Abuse/Harassment. This data is then utilized to create the PREA Annual Report. If certain incident(s) become more prevalent, then they would be targeted and analyzed to ensure proper corrective measures are in place and or need strengthening, including protocol assessment. (b) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision, and the PREA Annual Report indicates corrective actions taken and provides an assessment of the agency's PREA Audit Report. This auditor was able to corroborate this report by reviewing prior years' annual reports. The agency has reported and sufficiently demonstrated that they evaluate key data pursuant to paragraph (a) of this standard, and the 2024 annual report includes a comparison of the current year's data with those from prior years. (c) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided a link to the Agency's website. A review of this website reveals that it contains a link to Annual PREA Reports, as well as PREA audit reports and pertinent policies and procedures. During the onsite portion of the audit, this auditor interviewed the Executive Director. The Executive Director reported that she approves annual reports pursuant to this provision. (d) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and reported that nothing was redacted. Comparing the 2024 Annual Report provided as part of this PREA audit to the 2024 Annual Reports available on the Agency's website evidences the same report. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that nothing is redacted from the approved annual report prior to its publication on the Agency's website. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency has been able

	to remedy any previously reported deficiency and is fully compliant with all provisions of this standard.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Agency Website Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director Site Review Findings (by Provision) (a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Alpha House PREA Policy and Procedure. The Policy establishes, all incident-based and aggregate data regarding PREA events will be stored securely and electronically. Procedures include: • All reported incidents will be entered into a monthly report which will be updated regularly by the author of the report until such time as a final disposition is made •The PREA Coordinator will maintain an electric file for each reported incident on the secure agency used database and/or a secure email folder specific to that incident. The file or folder will include all documentation and communication regarding the incident up to and including the final disposition. • Aggregated sexual abuse data from the Alpha House PREA facility is made readily available to the public via the agency website. The information will be updated in April each year. All personal identifiers are to be removed from aggregate data that is provided to the public. • The data will be retained for at least 10 years from the date of initial collection. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all data is securely retained on password-secured computer databases. A review of the agency's website reveals that it contains a link to the Agency's Annual PREA Reports, as well as PREA audit reports that contain aggregated sexual abuse data and pertinent policies and procedures. The PREA Coordinator reported that any personal identifying

	information (PII) is not included and/or redacted from the annual report. A review of the agency's website and the annual reports publicly available, this auditor was able to confirm that personal identifiers have been removed. The PREA Coordinator reported that the data will be retained for at least 10 years from the date of initial collection. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. PREA Policy Directive B. Agency website Interviews A. PREA Coordinator B. Executive Director C. Assistant Facility Director Site Review Findings (by Provision) (a-b) A review of the agency's website and prior Final Audit Reports revealed that the agency is compliant with this standard. During the prior three-year audit period, the agency ensured that all facility operated by Alpha House was audited at least once. (h) During the onsite portion of this audit, this auditor had access to and the ability to observe all areas of the audited facility. The facility provided this auditor with unfettered access to the facility and its staff and residents. (a) During the pre-audit, onsite, and post-onsite portions of this audit, this auditor was permitted to request and receive copies of any relevant documents that this auditor requested, including but not limited to: facility logs, resident files, personnel files, policy and procedure manuals, postings, resident handbooks, intake and classification documents, etc.

	(a) During the onsite portion of this audit, this auditor was permitted to conduct private interviews with residents and staff at the facility. (b) During the pre-audit portion of this audit, residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. While onsite, this auditor asked all residents interviewed whether they were made aware of and saw this auditor's notices that were displayed throughout the facility. All residents interviewed informed this auditor that the postings have been displayed. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents A. Agency Website: B. Prior PREA Audit Reports Interviews A. PREA Coordinator Site Review Findings (by Provision) 115.403(f): A review of the Agency's website reveals that all Final Audit Reports were posted to its website within 90 days of their issuance by the auditor. Alpha House has an agency website and has a page dedicated to the posting and PREA-related information. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator informed this auditor that all Final Audit Reports are immediately posted on the Alpha House website. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. The agency has a dedicated PREA page on its agency website that makes available not only Final Audit Reports to the general public but also its PREA policy and its Annual Report.

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if 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
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual 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)	**Residents with disabilities and residents who are limited English proficient**	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	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
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	no
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	**Hiring and promotion decisions**	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	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.)	
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	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.)	
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	**Use of screening information**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	**Use of screening information**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	**Use of screening information**	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes

115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	**Criminal and administrative agency investigations**	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. 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
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	**Data collection**	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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