

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report: July 25, 2019

Auditor Information

Name: David Andraska	Email: ddafalls@hotmail.com
Company Name: Andraska Consulting, LLC	
Mailing Address: P.O. Box 191	City, State, Zip: Melrose, WI 54642-01915
Telephone: 715 896-2648	Date of Facility Visit: April 10-12, 2019

Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33431	
Mailing Address:		City, State, Zip:	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: To develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

Agency Website with PREA Information: www.geogroup.com

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Phebia L. Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email: pmoreland@geogroup.com	Telephone: 561-999-5827
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 108

Facility Information

Name of Facility: Cordova Center			
Physical Address: 130 Cordova Street, Anchorage, Alaska 99501			
Mailing Address (if different than above):			
Telephone Number: 907-274-1022			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: The Cordova Center's mission is to develop innovative public-private partnerships with government agencies that deliver high quality, cost-efficient community reentry and electronic monitoring services while providing industry leading community reintegration programs to the men and women entrusted to the facility's care.

Facility Website with PREA Information: www.geogroup.com

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Stacy Cross	Title: Facility Director
Email: scross@geogroup.com	Telephone: 907-274-1022

Facility PREA Compliance Manager

Name: Stacy Cross	Title: Facility Director
Email: scross@geogroup.com	Telephone: 907-274-1022

Facility Health Service Administrator

Name: N/A

Title:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity: 280

Current Population of Facility: 107

Number of residents admitted to facility during the past 12 months

1378

Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:

0

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:

433

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:

1153

Number of residents on date of audit who were admitted to facility prior to August 20, 2012:

0

Age Range of Population:

Adults

Juveniles

Youthful residents

18-80

Average length of stay or time under supervision:

3-6 months

Facility Security Level:

minimum

Resident Custody Levels:

minimum

Number of staff currently employed by the facility who may have contact with residents:

56

Number of staff hired by the facility during the past 12 months who may have contact with residents:

22

Number of contracts in the past 12 months for services with contractors who may have contact with residents:

1

Physical Plant

Number of Buildings: 1

Number of Single Cell Housing Units: 0

Number of Multiple Occupancy Cell Housing Units:

24 (3 bedroom apartments)

Number of Open Bay/Dorm Housing Units:

0

Cordova Center employs a video camera and monitoring system for video surveillance. Sixty-three cameras are placed strategically throughout the facility to ensure the safety and security of both inmates and staff.

Medical

Type of Medical Facility:

No medical on-site

Forensic sexual assault medical exams are conducted at:

Providence Alaska Medical Center

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	20
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Cordova Center which is owned and operated by The GEO Group, Inc. (GEO) was conducted on April 10-12, 2019. This was the second Department of Justice (DOJ) PREA audit for this facility. The Cordova Center contracts with the Alaska Department of Corrections (AK DOC) and the Federal Bureau of Prisons (BOP). A line of communication was developed between the GEO PREA Coordinator, GEO Contract Compliance PREA Manager and the auditor to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), internal review and logistics.

The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the Pre-Audit Questionnaire (PAQ). The documentation reviewed by the auditor included both agency and facility policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by residents and also reviewed the GEO website. Prior to the on-site audit, GEO conducts a mock audit of the facility to prepare for the PREA audit. Results of the mock audit were discussed with the auditor prior to the start of the audit.

The audit began on Wednesday afternoon April 10, 2019 with a tour of the facility. An entrance meeting was held Thursday morning April 11, 2019 with the Facility Director, key management staff, the GEO Contract Compliance PREA Manager, and the auditor to discuss the audit process and finalize the facility interview schedule. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and residents. Areas visited during the tour included the main lobby, all resident housing areas, intake, laundry, visiting, kitchen dining, recreation, program and the Central Control room. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; and tested the inmate phone system for reporting PREA allegations and for emotional support services. It was noted during the tour that the laundry room off of the main lobby had a solid door that created a blind spot. A window was installed in the door and a mirror installed in the laundry room. This was completed while the auditor was still on-site and was confirmed by the auditor. PREA posters and notification of the PREA audit in multiple languages were observed posted throughout all areas accessible to residents. The notification

of the PREA audit visit was documented as posted on February 24, 2019. A photograph of the posted notice was provided to the auditor.

The Cordova Center has 56 staff that may have contact with residents. The Resident Monitors (security staff) are assigned to three 8 hours shifts. The auditor conducted interviews with Resident Monitors working on all three shifts. A total of 23 facility staff were interviewed which included Resident Monitors, Case Managers, Program Managers, Investigators, assistant PREA Compliance Managers, maintenance, food service and Facility Director. One volunteer was also interviewed. The Agency Head and PREA Coordinator interviews had previously been conducted by this auditor and were utilized as part of this audit. All staff are trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations.

On the first day of the audit there were 107 male residents (92 AK DOC and 15 BOP). A total of 20 residents were interviewed. Five of the residents interviewed were from the target group (two with physical/cognitive disabilities, two that identified as LGB and one who reported sexual victimization). The facility did not have any other residents in the target group. No residents contacted the auditor prior to the audit. All residents interviewed stated they felt safe and demonstrated a good understanding of PREA and reporting options.

There were eight allegations of sexual abuse or harassment reported by residents in the past twelve months. Only two of the cases have been closed and six cases are open and ongoing. All investigation files were reviewed. The two closed cases were resident on resident sexual abuse, one allegation was found to be unsubstantiated and one allegation was found to be consensual. There were no substantiated allegations that were referred for criminal prosecution.

The auditor examined all personnel files, staff and volunteer training files that are maintained at the facility. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete (except for one staff member) and included written documentation that staff and volunteers received the required PREA training. The auditors viewed the signed "Training Acknowledgement Form" documenting that the staff and volunteers understood the PREA training received. The auditor reviewed all current resident case files and reviewed documentation indicating by signature the residents understood and received PREA information, as well as documentation of initial risk screenings and reassessments. The auditor also observed the intake process.

Facility Characteristics

The Cordova Center is located at 130 Cordova Street in Anchorage, Alaska. The Cordova Center is owned and operated by the GEO Group, Inc. The Center provides temporary housing, monitoring and transitional services for minimum security adult male and female resident on furlough, court ordered restitution cases, and confined un-sentenced and sentenced misdemeanants from the AK DOC. The Center also contracts with the BOP for 20

beds and home confinement placements. Although located in the same building, the AK DOC and BOP programs are operated separately under the direction of the Facility Director. Each program has its own staff that provides security and programs and the residents are housed separately. Other administrative, office and support staff provide services to both programs.

The Cordova Center is a five story, 280 bed facility in a quasi-industrial area near the port of Anchorage. The Center was originally built in 1979 as three bedroom apartment units. The first floor contains staff and security offices, lobby, central control room, kitchen, dining, class rooms, visiting and laundry area. Resident housing is located on the second thru fifth floor. GEO converted each of the 24 apartment units into 850 square foot living units housing a maximum of 12 residents each. Each of the bedrooms house up to four residents (bunks and single beds) and provides a personal storage area in addition to closets for each resident. The full kitchens in each unit have been removed and merged into the living room to create a large furnished dayroom. There is a full bathroom in each unit. The bathrooms are designed to provide privacy with PREA shower curtains and a door with the ability to be locked.

The facility has two entrances. The primary entrance, on Cordova Street is used for the public, employees and AK DOC residents checking in and out of the facility. The primary entrance is controlled by a resident monitor in the Central Control Room located just inside the entrance lobby. The PREA What You Need to Know video plays continuously during the open hours of the lobby. The second entrance, on East 2nd Avenue is used for BOP residents checking in and out of the facility. This is considered the second floor entrance. There is a separate security station that controls the second entrance. The second floor houses the male BOP residents and in a separate area houses up to 12 female BOP residents.

Cameras are located in all hallways and common areas. The security system stores surveillance video for up to 30 days. Camera monitors are located in the central control room.

Residents are assigned building work assignments in food service, housekeeping and maintenance. Each is supervised by designated staff. Residents also provide significant hours of community service. Depending on their individual status, residents are allowed to go out and work in the community.

The Case Managers provide classes that include life skills, moral recognition therapy, anger management, transition and employment skills. Residents are offered AA/NA, both in house and allowed to go out to community meetings. There is no on-site academic or vocational training available.

Summary of Audit Findings

When the on-site audit was completed, an exit meeting was held with the Facility Director, seven facility staff members, GEO Contract Compliance PREA Manager, AK Senior Area Manager, and the Agency PREA Coordinator (via tele-conference). The auditor had been

provided with extensive files prior to the audit for review. While at the facility, the auditor reviewed all required records which included resident case records, training records, personnel files, investigative report, additional program information and documents. The auditor interviewed the required number of staff and residents based on the population and all were knowledgeable regarding PREA. The facility staff was found to be cooperative and professional. All areas of the facility were clean and well maintained. The auditor explained the audit report process and that corrective action was need for four standards. The auditor thanked the Facility Director and staff for their hospitality and commitment to PREA.

Number of Standards Exceeded: 5

115.211, 115.215, 115.217, 115.233, 115.288

Number of Standards Met: 36

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The Interim Audit Report, dated May 13, 2019, indicated that there were seven Standards (115.241, 115.242, 115.267, 115.271, 115.273, 115.283 and 115.286) that were non-compliant at the Cordova Center. Therefore, a required corrective action period not to exceed 90 days began. The Auditor recommended corrective action for the facility which they agreed to and began immediate corrective action for those Standards found to be in non-compliance. Documentation of corrective action was received by the Auditor on July 17, 2019. The Auditor reviewed the submitted documentation to determine if full compliance was achieved. A summary of the evidentiary basis for determining full compliance is discussed within each standard that was originally non-compliant. As a result of successful corrective action, the Auditor determined that the Cordova Center has achieved full compliance with the PREA Standards.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities, Anchorage Area Facilities policy 2015-1, PREA Staffing and Facility Requirements, Cordova Center Organization chart and the GEO PREA Organization chart were reviewed and address the requirements of this standard. The written policies mandate zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's and facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of residents with sanctions for those found to have participated in these prohibited behaviors.

During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and annually as outlined in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. Residents are screened for sexual victimization and abusiveness upon intake and receive PREA information. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and resident awareness.

GEO employs an upper-level, agency-wide PREA Coordinator who is a Director in the Contract Compliance Division for GEO. She is very knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, sending updates to facilities, especially as Frequently Asked Questions are posted on the PREA website. She conducts training and meetings to keep PREA Compliance Managers up to date on any changes and best practices. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits. She is constantly looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. She indirectly supervises 108 PREA compliance managers through three regional coordinators, one reentry services coordinator, and one youth services coordinator. The Reentry Services, PREA Division Coordinator provides oversight of the Cordova Center.

Cordova Center's PREA Compliance Manager is the Facility Director. He was knowledgeable of PREA standards and is actively involved in PREA activities at the facility. He is assisted in his PREA duties by the Community Work Service Coordinator for the AK DOC residents and by the Social Service Coordinator for BOP residents. Per interviews with the PREA Coordinator and PREA Compliance Manager, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Based on the review of established policies and procedures, staff PREA training, resident screening, PREA education and information, interviews with staff and residents, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of an Agency wide and regional PREA Coordinators, as well as a facility PREA Compliance Managers, it is apparent that GEO and Cordova Center are committed to zero tolerance toward sexual abuse and sexual harassment. Their efforts to comply with PREA standards and create a PREA compliant culture, exceeds the requirements for Standard 115.211.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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 No NA

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates, residents or detainees.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- 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 No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- 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 No

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO ensures each facility develops, documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse by monitoring and reviewing the staffing plans. GEO in collaboration with the AK DOC and BOP (Clients) determines the staffing plan and the Clients also monitors compliance with the plan. GEO policy 5.1.2-A and Anchorage Area Facilities policy 2015-1 establishes procedures to develop and monitor staffing plans and uses the criteria found in Standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or residents may be isolated); composition of the residents population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

The auditor reviewed Cordova Center's Annual PREA Facility Assessment dated 7/31/2018. The PREA facility assessment is reviewed annually by the facility, GEO Vice President, Residential Reentry Centers and PREA Coordinator. The signature of the PREA Coordinator on the assessment confirmed that this was done in consultation with her. GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered and blind-spots are acknowledged and steps are taken to fix the blind spots. There is a brief description of the resident population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The PREA Annual Assessment determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. In response to the 2016 Annual Facility Assessment a new camera system was installed in 2017.

By policy, the facility documents all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview with the Facility Director and review of staffing schedules; there were no deviations from the plan during the audit period. The facility authorizes overtime to fill all positions. The Director reviews posting logs to ensure all positions are properly manned.

Intermediate and higher level supervisors conduct and document unannounced PREA rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. The unannounced PREA rounds are documented in logs. The binder containing the logs was reviewed by the auditor. As part of the unannounced PREA rounds supervisors check for opposite gender announcing, PREA signage and staff/resident awareness of PREA. Staff and resident interviews further confirmed the unannounced rounds by supervisors.

The review of policies, PREA unannounced rounds logs, staffing plan, annual PREA facility assessment, staff and resident interviews, observation while on site of camera placement, and interview with the Facility Director, confirms Cordova Center is compliant with this standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- 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 No

115.215 (e)

- 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 No
- If a 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 No

115.215 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-4, Resident Searches, Viewing and Contraband, Guidance in Cross-Gender and Transgender Pat Searches training curriculum and staff training acknowledgements reviewed and address the requirements of this standard. Staff and resident interviews and direct observation determined the facility does not allow cross-gender viewing and searches. Cordova Center does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not

search transgender or intersex residents to determine residents' genital status. The facility provided memorandums stating there were no strip searches or visual body cavity searches conducted and that there were no cross-gender pat down searches conducted.

Based on interviews with staff and residents and observation it was determined residents are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. All residents interviewed stated they could shower, use the toilet and change clothes without being observed by staff of the opposite gender. All restrooms are designed to provide privacy with PREA shower curtains and a door with the ability to be locked. Based on interviews with staff and residents and direct observation determined that staff of the opposite gender announces their presence when entering a housing area. There is signage on all apartment doors instructing staff to announce before entering.

Staff of the opposite gender does not enter the resident apartments unless accompanied by another staff or the apartment is empty. Pat searches are performed by staff of the same gender. There were no females residents housed at the facility during the on-site audit. Pat searches are conducted in an area adjacent to the Central Control Room in view of a camera. Searches are documented with the reason for the search, the result of the search and the signatures of the staff member conducting the search on a Pat Down Log.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Prior to the audit, training documents were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex residents. Interviews of staff demonstrated staff was trained and knowledgeable of the proper procedures to conduct pat down searches of transgender and intersex residents. The facility did not house any transgender or intersex residents in the past 12 months.

The review of policy, documentation, training documents and interviews with staff and residents, confirms Cordova Center exceeds the requirement of this standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.216 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, the Anchorage Area Facilities policy 2015-2, Intake and Orientation and PREA training Curriculum were reviewed and address the requirement of this standard. The policies ensure residents with disabilities and who are limited English proficient (LEP) have access to PREA information and programs. Cordova Center has taken appropriate steps to ensure that residents who are limited English proficient or disabled 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. GEO has a contract with Language Line Services Inc., to provide foreign language translation, American and Spanish Sign Language and assistance. The PREA Education Manual for Residents is in English, Spanish and Yupik. English, Spanish and Yupik PREA posters are posted throughout the facility for residents, staff, and visitors to see. Staff interviewed and a memo from the Facility Director stated residents are not used as interpreters when addressing sexual abuse and sexual harassment allegations.

Informational and educational materials for residents with physical and mental disabilities are provided in ways that will enable the resident to understand the GEO zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TTY) machine available. Residents with limited vision are assisted by some of the posters having been printed in larger print. For residents with a mental disability, staff spends extra time to ensure they understand the PREA basics to include definitions and reporting information. There were two disabled and no LEP residents housed at the facility at the time of the on-site audit.

The PREA training curriculum includes a section on Residents' Rights that addresses residents with disabilities and LEP residents. The Director states the facility rarely receives a resident that does not speak English. Per staff interviews, they were aware of resources available if needed.

The review of policies, the PREA Education Manual and posters, PREA training curriculum, resources available and supporting documentation, as well as staff and resident interviews, confirms Cordova Center compliance with this standard.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of 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 question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- 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 No

115.217 (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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, the Anchorage Area Facilities policy 2015-1 and the Annual Performance Evaluation and disclosure forms were reviewed and address the requirements of this standard. The policies ensure staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile, or other penal type institutions; or who been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion.

The policies require the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The auditor reviewed a sample of staff application packets and staff personnel files. Through review of staff records and interview with the Facility Director and Office Support Specialist it was determined staff are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The policies also require background checks for staff and contractors prior to hiring or enlisting services for a contractor and again every five years. All employees are fingerprinted. In addition, the facility staff shall 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. Per interview with the Office Support Specialist and review of application packets demonstrated there is a requirement to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks for all potential employees are completed through Career Builder. The Clients also conducts criminal backgrounds checks and documents that an applicant has been cleared to hire. The Client also conducts the 5 year criminal background checks for the facility. The auditor reviewed background check clearance emails for a random sample of employees.

Policies state Cordova Center shall ask all applicants and employees who may have contact with residents directly about previous sexual misconduct as described in PREA Standard 115.17 (a) in written applications or interviews for hiring or promotions. Cordova Center hired 22 new employees in the past 12 months. Internal promotions interviews and annual performance evaluations are reviewed for current employees. GEO impose upon employees a continuing affirmative duty to disclose any such misconduct. Policies states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. Policies also state GEO will 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.

The review of policies, excellent documentation and recordkeeping, employee personnel files and interview with the Facility Director and Office Support Specialist, confirms Cordova Center exceeded the requirement of this standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, the Anchorage Area Facilities policy 2015-1 and the Annual PREA Facility Assessment were reviewed and address the requirement of this standard. The policies state, facilities shall consider the effect any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect Individuals in a GEO Facility or Program from Sexual Abuse

Cordova Center has not made any major modifications to the facility since the last PREA audit. A new camera system was installed in 2017.

The review of policies, Annual Facility Assessment, camera placement, tour of the facility and interview with the Facility Director, confirms Cordova Center is compliant with this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior and Evidence Collection and the Anchorage Area Facilities policy 2015-6 Sexually Abuse Behavior Prevention and Intervention Program were reviewed and address the requirement of this standard. The policy outlines evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. Staff interviewed were knowledgeable of the evidence protocols and aware of actions to preserve evidence and the crime scene.

Criminal investigations are referred to the Anchorage Police Department or the Alaska State Troopers and they ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The Clients also has the right of first refusal for any resident on resident sexual abuse or harassment. The Alaska Department of Corrections has a policy that outlines DOC's guidelines and procedures for reporting allegations of sexual abuse. The auditor conducted an interview with a GEO investigator, he had a good understanding of the investigative procedures and responsibilities and evidence protocols. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. Cordova Center does not house residents under the age of 18.

Providence Alaska Medical Center provides SAFE and SANE services when necessary. They would provide a forensic exam if applicable and provide education and follow-up treatment to the resident. A MOU has not been established. The auditor contacted the provider during the on-site audit to verify services.

Cordova Center makes available to the victim a victim advocate from a rape crisis center. Standing Together Against Rape (STAR) has been contacted and will provide service but indicated they were not able to sign a MOU. STAR is the primary responder with the Anchorage Police Department and the Alaska State Troopers for all investigations of sexual assault. A STAR advocate would respond to the hospital to assist resident victims of Cordova Center during a forensic exam. Two staff located at the Cordova Center are also trained as victim advocates. In the past 12 months there were no requests for victim advocacy services.

The review of policies, procedures, attempt to enter into a MOU with a rape crisis center and interviews with the Facility Director, Investigator and a SANE provider confirms Cordova Center is compliant with this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A, 5.1.2-E, Anchorage Area Facilities policy 2015-6, Monthly PREA Incident Tracking Log and the GEO website were reviewed and address the requirements of this standard. The policies require an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation to the appropriate authority.

Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Facility Director. The Facility Director will make immediate notification to the appropriate Client, to the GEO PREA Coordinator, and to GEO's Office of Professional Responsibility (OPR) if the allegation involved staff. The Clients or facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to the Anchorage Police Department or the Alaska State Troopers who conduct a criminal investigation. The facility attempted to enter into a MOU with the Anchorage Police Department (APD). A MOU was not signed as APD responded there is no reason to enter into this MOU. They will respond to any 911 calls from the facility pursuant to APD policies and as required by law. They also indicated the Alaska State Troopers might be more apt to sign the MOU, as they are the facility's primary responding agency.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. A Serious Incident Report is completed for all allegations of sexual abuse. All allegations are tracked on the Monthly PREA Incident Tracking Log.

There were eight allegations of sexual abuse or harassment reported by residents in the past twelve months. Only two of the cases have been closed and six cases are open and ongoing. The two closed cases were resident on resident sexual abuse, one allegation was found to be unsubstantiated and one allegation was found to be consensual. There were no substantiated allegations that were referred for criminal prosecution. GEO's Investigative policy is available on the GEO Web site.

Based on review of policies, interviews with the Facility Director and Investigator, an administrative or criminal investigation are conducted for all allegations of sexual abuse and sexual harassment and the Cordova Center is compliant with this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- 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 No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, PREA Staff Training Curriculum and PREA Staff training acknowledgments were reviewed and address the requirements of this standard. The training curriculum and slides demonstrated the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and transgender and intersex searches.

Cordova Center staff receives initial PREA training as well as PREA training annually through scheduled training and staff meetings. The PREA training curriculum was reviewed and is very comprehensive and tailored for the gender of the facility's residents. The PREA Coordinator modifies GEO wide PREA training curriculum annually emphasizing areas identified as areas needing emphasis. Employees sign an acknowledgement form that they have received and understood the PREA training they received. PREA is always discussed at all monthly staff

meetings. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; evidence preservation, and transgender and intersex searches. Staff at the facility are required to take a test at the completion of the training. The Auditor reviewed training records and found that all but one staff had received and passed the annual PREA training. The facility subsequently provided documentation that verified all staff at the facility completed and passed the annual PREA training. Staff also carry a 1st responder card which outlines step to take when a sexual allegation is reported.

Based on review of policy, staff training curriculum, rosters, signed training acknowledgments and interviews with the Facility Director and staff trainers and random staff and the annual PREA training requirement, Cordova Center meets the requirement for this standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, volunteer/contractor PREA training curriculum, training tracking sheets and signed training acknowledgments were reviewed and address the requirement of this standard. The curriculum was reviewed that was very comprehensive with the objectives of the training ensuring that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. An interview with a volunteer demonstrated his knowledge of PREA, his responsibilities, and the agency zero tolerance policy. 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. The auditor reviewed training records and signed acknowledgments that volunteers and contractors received and understand the PREA training.

The review of policy, training curriculums, supporting documentation and interviews with the Facility Director and volunteer, confirms Cordova Center is compliant with this standard.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-2, PREA Resident Education Manual, PREA videos, Sexual Abuse Awareness Program and PREA pamphlets, PREA Resident Reporting Options poster and sign resident acknowledgement forms were reviewed and address the requirements of this standard. Policies require that all residents receive PREA information upon arrival and PREA education within 30 days of intake. During intake, residents are provided information through a PREA Resident Education Manual (available in English, Spanish and Yupik) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents while at Cordova Center. The staff covers basic PREA information verbally. Three different PREA videos are played during intake. Residents acknowledge receiving the PREA information and watching the PREA videos in writing. Key PREA information is continuously and readily available or visible to residents. PREA posters and brochures are posted throughout the facility in formats accessible to all residents to ensure that key information is continuously and readily available or visible to residents. Information on the posters and in the handouts, include: zero tolerance policy; resident rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. The PREA What You Need to Know video plays continuously during the open hours of the lobby and periodically on the facilities closed circuit television system.

Policies requires information be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

During interviews, residents acknowledged the information being provided upon arrival and orientation, and has seen posters displayed throughout the institution. The residents interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the on-site audit, the auditor reviewed two examples of a resident documenting training and reviewed signed resident training acknowledgements for all current residents while onsite which demonstrated residents received PREA information upon arrival, and acknowledged through signature they have received the education manual, watched the PREA videos and understood the training. The auditor observed the intake processing of 1 resident. The facility reported that all 1,378 residents admitted during the past twelve months received PREA information and education on arrival.

The review of policies and documentation, observation during the intake process, videos, pamphlets and posters and interviews with staff and residents, confirms Cordova Center exceeds the requirement of this standard.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, PREA Specialized Investigation Training lesson plan, PREA basic training records, staff signed acknowledgement and Specialized Investigator training certificates were reviewed and address the requirements of this standard. The policies require the facility investigator receives specialized training in addition to the general education provided to all employees. Cordova Center currently does not have a staff trained in PREA specialized investigations. The Cordova Center is in the process of training three facility staff as investigators. All investigations of PREA allegations received at the Cordova Center are performed by a GEO staff that has been trained in PREA Specialized Investigation and is located at the Cordova Center. GEO currently has 111 trained investigators.

The GEO PREA Coordinator attended the Moss Group “Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting” sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The GEO investigator located at the Cordova Center was interviewed and was knowledgeable of the investigation process and stated he has received both the general and specialized training. Documentation was reviewed that indicates the investigator received both the general and specialized investigation PREA training.

The review of policy, specialized training lesson plan and records and an interview with an investigator confirms Cordova Center is compliant with this standard.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A was reviewed and addresses the requirements of this standard. Cordova Center has no full or part time medical/mental health practitioners. All medical and mental health referrals are made to off-site providers or provided by an AK DOC nurse for their residents.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 No
- 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 No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- 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 No

- 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 No
- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- 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 No
- 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 No
- 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 No
- 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 No

115.241 (e)

- 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 No
- 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 No
- 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 No

115.241 (f)

- 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 No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- 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 No

115.241 (h)

- 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 No

115.241 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-3 Screening/Admission, the PREA Risk Assessment form and the PREA Vulnerability 30-day Reassessment Questionnaire were reviewed and address the requirements of this standard. The policies require the facility to conduct a screening for risk of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risk of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the resident's arrival at the facility; and reassesses resident's risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The Cordova Center uses a standardized screening tool for initial assessments and for the 30 day reassessments. All residents are reassessed within 30 days of arrival. Prior to the audit, the auditor reviewed three examples of resident PREA assessments and the 30 day reassessments signed by the resident and staff completing the forms. The auditor reviewed a random sample of initial assessments and 30 day reassessments while on-site and found that the assessments completed for BOP residents were not completed per established protocol. The GEO Contract Compliance PREA Manager provided retraining to the staff that complete and/or oversee the screening process. The initial screenings are typically completed immediately upon arrival by the resident monitors and 30 day reassessments were completed within the required timeframe by designated staff. The facility reassess the resident's risk of victimization or abusiveness by using the reassessment screening tool which is based on any new information that may have arrived since the resident's arrival, and they ask the resident if they have been sexually threatened or assaulted and if they feel at risk of sexual abuse. A resident's risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the residents risk of sexual victimization or abusiveness. The screening instrument is objective in determining if the resident is at risk for victimization or abusiveness.

The auditor observed an intake and use of the resident screening form. The process was done very professionally. Information is obtained through asking the resident questions. All the criteria referenced in the standard are on the current form. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other residents. Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

Risk assessments and 30 day reassessments were not conducted per protocol for BOP residents, and reassessments were not completed due to an incident of sexual abuse.

Corrective Action Plan: For a 90 day period, starting April 12, 2019 provide documentation that for all BOP residents that arrive at the facility, after that date were screened using the GEO protocol and that reassessments are completed as required by this standard.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 to evidence and demonstrate corrective action taken by the Cordova Center regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. BOP Intake Listing from 3/19/2019 thru 6/24/2019
2. Reentry Facilities PREA Risk Assessment form
3. PREA Vulnerability Reassessment Questionnaire
4. PREA Resident Referral Verification form
5. Staff Training Roster

The Cordova Center retrained 12 staff on PREA assessments, referrals, 30-day reassessments and the investigation process. The Cordova Center demonstrated that for all

BOP inmates received during the corrective action period a PREA risk screening was completed and if the resident was still at the facility a 30 day reassessment was completed. The facility also provided a referral to mental health verification form for those residents who scored as at risk for victimization or abusiveness. This Standard is now fully compliant.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- 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 No

- 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 No

115.242 (d)

- 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 No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (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? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Anchorage Area Facilities policy 2015-3 were reviewed and address the requirements of this standard. The policies outline the use of the screening form to include:

using the information from the risk screening to determine housing, bed, treatment and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each resident.

The policies states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex resident to an institution for male or female residents, housing and programming assignments, based on the resident's health and safety, resident's own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex resident to review any threats to safety experienced by the resident; allowing transgender and intersex residents the opportunity to shower separately from other resident; and not placing lesbian, gay, bisexual, transgender, or intersex resident in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

The facility maintained an "at risk" log for AK DOC residents who could be at risk of being sexually victimized, and those who are at risk of being sexually abusive. The facility did not maintain an "at-risk" log for BOP residents based on risk screening results. The log is one tool to ensure those who could be sexually victimized are separated from those who could be sexually abusive in housing, bed and other classification decisions. There were no transgender or intersex residents at the facility during the on-site audit. Transgender and intersex residents would be given the opportunity to shower separately from other residents.

As risk screening was not completed as required in standard 115.41, the facility did not have the required information for BOP residents to make housing, bed, work, education and program assignments to keep inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Corrective Action Plan: For a 90 day period, starting April 12, 2019 provide documentation that an "at risk" log is generated that lists all victims, abusers and duals from the initial PREA risk screening assessment. Provide documentation ensuring at a minimum victims and abusers are not housed together.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 to evidence and demonstrate corrective action taken by the Cordova Center regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Monthly "at-risk" logs for BOP residents

The Cordova Center demonstrated that for all BOP inmates at the facility during the corrective action period a monthly "at-risk" log was created which also provided housing locations. Victims and abusers are not housed together. This Standard is now fully compliant.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard *(Requires Corrective Action)*

GEO policy 5.1.2-A, Anchorage Area Facilities policies 2015-2, 2015-6, PREA brochures and posters and the PREA Education Manual for Residents and the GEO website were reviewed and address the requirements of this standard. The PREA Education Manual and PREA Reporting Options posters provide specific internal and external ways for residents to report sexual abuse, sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment.

Residents are made aware that they can verbally inform any staff member or the Facility Director/PREA Compliance Manager immediately or in writing. They are informed they can write to the GEO PREA Coordinator or to the Alaska Department of Corrections PREA Coordinator (if they are a resident under DOC custody) or to BOP Residential Reentry Management Branch (if they are a resident under BOP custody). Residents are provided the phone numbers and can call the RAINN National Hotline Network, STAR, or the Abused Women's Aid in Crisis Inc. (A.W.A.I.C.) Calling these numbers allows the resident to remain anonymous upon request. Residents can also file a grievance. Interviews with residents verified residents knew of multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Residents can report verbally and in writing to staff; through a third party, by a grievance, local law enforcement or to an outside advocacy group. The facility has attempted to enter into a Memorandum of Understanding with STAR to provide private reporting of sexual abuse and harassment by telephone. Although MOU was not signed, STAR does provide services to residents from a correctional facility.

GEO employees may report Sexual Abuse or Sexual Harassment to the Chief of Security or facility management privately if requested. This information is listed on PREA posters. They may also report Sexual Abuse or Sexual Harassment directly on the GEO Employee Hotline, on the Internet at www.reportlineweb.com/geogroup. Employees may also contact the Corporate PREA Director directly.

Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are required to promptly document any verbal reports.

The review of policies and PREA information provided to residents, observation during the tour of the facility and interviews with staff and residents confirms Cordova Center is compliant with this standard.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- 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 No NA
- 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 No NA

115.252 (d)

- 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 No NA
- 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 of time to respond 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 No NA
- 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 No NA

115.252 (e)

- 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 No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- 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 No NA

115.252 (f)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-5 Grievances, the PREA Education Manual for Residents and Grievance log were reviewed and address the requirements of this standard. Cordova Center does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint; and issues 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. Third parties, including other residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. There were no PREA grievances files in the past 12 months. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith. Residents are informed of grievance procedures in PREA Education Manual.

The review of policies and procedures, PREA Education Manual and interviews with staff and residents confirms Cordova Center is compliant with this standard.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-6 and PREA posters and brochures were reviewed and address the requirements of this standard. The policies states residents shall be provided 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; and the facilities shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Residents are given the telephone numbers to the RAINN, STAR and A.W.A.I.C. This information is provided to residents in the PREA Education Manual for Residents and on Resident Reporting Options posters displayed throughout the facility. Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility has attempted to enter into a MOU with the STAR program. STAR is available to provide advocacy and counseling services to the residents of the Cordova Center as well as a crisis hotline.

The review of policies, PREA posters and brochures, along with interviews of staff and residents confirms Cordova Center is compliant with this standard.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, the GEO Website and PREA posters were reviewed and address the requirements of this standard. Policies establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of a resident. The GEO websites outline methods to report sexual abuse and sexual harassment on behalf of a resident. The GEO website provides a number and mailing address. Posters at the facility provide the visitors, staff and residents third party reporting options. Interviews with residents demonstrated they knew how third-party reporting could be accomplished.

The review of policies, PREA posters, the GEO website and interviews with staff and residents confirms Cordova Center is compliant with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- 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 No

- 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 No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- 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 No
- 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 No

115.261 (d)

- 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 No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-6, and PREA training curriculum were reviewed and address the requirements of this standard. Policies and training requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; requires all staff to report immediately any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual

abuse or sexual harassment; and requires all staff to report immediately 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; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Cordova Center does not house residents under the age of 18. There were no incidents involving vulnerable adults that required mandatory reporting per State Statutes. Interviews with staff verified staff were aware they must immediately report to the facility's designated staff any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; any retaliation and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report.

The review of policies, documentation, the training curriculum and interviews with staff confirms Cordova Center is compliant with this standard.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-6 and training curriculum were reviewed and address the requirements of this standard. Policies and training requires staff to take immediate action to protect any resident they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect a resident subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the PREA Compliance Manager. Per interviews with the Director, immediate action includes: separation; monitoring; change housing and/or work assignments; placing the abuser in another facility or request a transfer. In a memo provided by the facility, no residents reported being at substantial risk of imminent sexual abuse during the past 12 months.

The review of policies and the training curriculum and interviews with the Director and staff confirms Cordova Center is compliant with this standard.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Anchorage Area Facilities policy 2015-6 were reviewed and address the requirements of this standard. Policies requires when an allegation that a resident was sexually abused while confined at another institution, the Facility Director shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. The policies also require that all sexual abuse allegations reported by another institution regarding any resident that were confined at the Cordova Center be fully investigated. An interview with the Facility Director and investigator confirmed their knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have occurred at Cordova Center. The Director would email to document the notification. There were no allegations reported that a resident was sexually abused while confined at another

institution in the past 12 months. Cordova Center did not receive information from another facility of a resident alleging sexual abuse while at the Cordova Center in the past 12 months.

The review of policies and interview with the Facility Director and Investigator confirms Cordova Center is compliant with this standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 No
- 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 No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- 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 No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-6 and the PREA training curriculum were reviewed and address the requirement of this standard. Policies and training outline procedures to respond to an allegation of sexual abuse for staff. There is a GEO Incident Checklists to be used when responding to sexual abuse or sexual harassment. Random interviews with staff confirmed staff were very knowledgeable about what to do upon learning a resident was sexually abused to include separating the alleged victim and abuser and to preserve and protect the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence; staff would request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. All staff carries a 1st responder action card. The Cordova Center did not have any instances in which all first responder duties had to be implemented during the past 12 months.

The review of policies, the training curriculum and interviews with staff confirms Cordova Center is compliant with this standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A requires Cordova Center to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Cordova Center PREA Coordinated Response Plan was very comprehensive in describing required actions by security and specialized staff. Interviews with staff (first responders, investigators, and institution leadership), review of the PREA Checklists for Incidents of Sexual Abuse and Harassment and investigative file confirmed staff were knowledgeable about the Response plan and the coordinated duties and collaborative responsibilities.

The review of policy, Cordova Center PREA Coordinated Response Plan and interviews with staff confirms Cordova Center is compliant with this standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A and Anchorage Area Facilities policy 2015-6 were reviewed and address the requirements of this standard. GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any resident in a GEO facility or program pending the outcome of an investigation. The policies allow the facility to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation. Any "no contact" order shall be documented. Cordova Center does not have a collective bargaining unit.

The review of policies, Investigative file (which documented staff being placed on administrative leave) and interview with the Facility Director confirms Cordova Center is compliant with this standard.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 housing changes? Yes No
- 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 No

- 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 No
- 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 reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- 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 No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-6 and monitoring logs were reviewed and address the requirements of this standard. Policies state the Facility Director be designated to monitor for retaliation against staff or residents who reported or had been sexually abused/harassed. The policies also state facilities shall provide multiple protection measures for residents or staff who fears retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days if the monitoring indicates a continuing need. The CWS Coordinator and Facility Director were able to explain they role in monitoring retaliation and the multiple protection measures the facility take to protect residents and staff from retaliation. They provide weekly monitoring for up to 90 days and this monitoring can extend past 90 days, if additional monitoring is warranted. The weekly monitoring meeting is completed face to face and the resident signs the monitoring log after each meeting.

The auditor reviewed investigative file and found that retaliation monitoring logs were not always completed and/or maintained. This function was recently delegated to the CWS Coordinator for allegations involving AK DOC residents. Per the PAQ and interviews with the CWS Coordinator and Facility Director, there were no incidents of retaliation in the past 12 months.

Retaliation monitoring logs were not consistently completed or maintained.

Corrective Action Plan: As there are currently no victims at the facility, for a 90 day period, provide documentation that for any new allegation of sexual harassment or abuse reported at the facility that retaliation monitoring is being completed and documented. In addition provide document of re-training of all staff that preform retaliation monitoring.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 to evidence and demonstrate corrective action taken by the Cordova Center regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Memo dated 5/25/2019 of an allegation of inmate-on-inmate sexual assault
2. Resident Referral Verification form
3. Protection from Retaliation log

The Cordova Center reported there was one inmate-on-inmate sexual assault allegation during the corrective action period. The Cordova center demonstrated that weekly retaliation monitoring was completed and documented on the Protection from Retaliation log. The weekly face-to face meeting were signed and dated by both the victim and staff monitor. The monitoring continued until the investigation was closed and determined not to be a PREA violation. This Standard is now fully compliant.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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 No

115.271 (e)

- 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 No
- 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 No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- 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 No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E, the monthly and annual PREA Incident Tracking Log and investigative files were reviewed and address the requirements of this standard. The policies require that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations are initially reviewed by the Cordova Center and promptly reports to the Client and the GEO Office of Professional Responsibility. The Client has the first right of refusal to investigate a resident allegation or it can be referred back to the facility. GEO

conducts its investigations using uniform evidence protocols. Cordova Center currently does not have a staff trained in PREA specialized investigations. Administrative Investigations of allegations received at the Cordova Center are performed by a GEO staff that has been trained in PREA Specialized Investigation and assigned from the regional office in Anchorage. If the allegation involves potentially criminal conduct, it is referred to the Alaska State Troopers or the Anchorage Police Department. GEO's investigative policy is available on the GEO Web site.

There were eight allegations of sexual abuse or harassment reported by residents in the past twelve months. Only two of the cases have been closed and six cases are open and ongoing. The two closed cases were resident on resident sexual abuse, one allegation was found to be unsubstantiated and one allegation was found to be willing consensual. There were no substantiated allegations that were referred for criminal prosecution.

Of the six cases still open, one allegation of staff on resident sexual harassment is being investigated by the AKDOC, one allegation of staff on resident sexual harassment is being investigated by the Anchorage Police Department and one allegation of staff on resident sexual harassment is being investigated by BOP. The other three open cases are being investigated by a GEO investigator. These include one resident on resident sexual assault and two staff on resident sexual abuse. It should be noted that neither of the closed investigations were conducted promptly. The three cases currently being investigated by GEO investigators were reported during a date range of 3/7/2018 – 11/01/2018. GEO policy 5.1.2-E was revised with an effective date 2/14/19 to include that all investigation reports are to be submitted to the PREA Coordinator within 60 days of the reported allegation. Extensions must be authorized by the PREA Coordinator.

The GEO investigator interviewed stated that they collect the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses. They also review prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations. The investigator provided documentation of annual PREA training and the GEO specialized training for PREA investigators. When conducting administrative investigations, the investigators always decide whether staff actions or failures to act contributed to the abuse.

The departure of the alleged abuser or victim from the employment or control of the Cordova Center or agency shall not provide a basis for terminating an investigation. Per policy, GEO retains all written investigation reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Investigations were and are not being completed promptly.

Corrective Action Plan: Within 90 days, complete the three investigations delegated to the facility and provide a completed investigative file for review or justification for an extension. If

the facility receives any new allegations during the corrective action period, provide documentation to the auditor of the status of the investigation. Provide documentation to the auditor that the facility contacted the Client to determine the status of the allegations they are investigating.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 to evidence and demonstrate corrective action taken by the Cordova Center regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Copies of four (4) investigation files

The Cordova Center demonstrated that the three open investigations delegated to the facility were closed during the corrective action period. The investigations were completed per the requirements of this standard and GEO policy. In addition the facility received a third party allegation of resident-on-resident sexual assault on 5/25/2019. This allegation was investigated thoroughly and promptly and determined not to be PREA related. This Standard is now fully compliant.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E and completed investigation reports were reviewed and address the requirement of this standard. Interviews with the investigator and Facility Director found that the Cordova Center does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The review of policy, investigation reports and interviews with the Facility Director and Investigator confirms Cordova Center is compliant with this standard.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.273 (d)

- 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 No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E and Anchorage Area Facilities policy 2015-6 were reviewed and address the requirement of this standard. The policies requires the facility at the conclusion of every investigation to inform the resident as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the sexual abuse allegation is against a staff member, the facility shall inform the resident whenever the staff member is no longer posted within the resident's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the resident sexual abuse allegation is against a resident the facility shall inform the resident whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility; and that all notifications will be documented. All notifications are done using the GEO notification form and are signed by the resident documenting receipt and are retained in the investigation file unless documented that the victim was released. In those cases the Facility Director is to note that the victim was released on the form.

Review of closed investigation files did not consistently documented that the victims were notified or released before the conclusion of the investigation.

Corrective Action Plan: For a 90 day period, provide documentation that at the conclusion of every investigation to inform the victim as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the sexual abuse allegation is against a staff member, the facility shall inform the resident whenever the staff member is no longer posted within the resident's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the resident sexual abuse allegation is against a resident the facility shall inform the resident whenever the alleged abuser has been indicted on

a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility; and that all notifications will be documented. If the victim was released before the conclusion of an investigation document that the victim was released on the form.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 to evidence and demonstrate corrective action taken by the Cordova Center regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Notification of Outcome of Allegation

The Cordova Center demonstrated that for the three investigations closed during the corrective action period, a Notification of the Outcome of Allegation form was completed. The allegations were determined to be unsubstantiated for all three investigations. The notifications for the three allegations were not delivered to the victims as they were released before the conclusion of the investigations. This Standard is now fully compliant.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E, Anchorage Area Facilities policy 2015-6 and the GEO employee handbook were reviewed and address the requirement of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months no staff member were terminated nor any instances requiring notification to a licensing body.

The review of policies, GEO employee handbook and interview with the Facility Director confirms Cordova Center is compliant with this standard.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E was reviewed and addresses the requirements of this standard. Policy prohibit contractors or volunteers who engaged in sexual abuse to have contact with residents and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Facility Director reported that there have been no allegations of sexual abuse by contractors or volunteers. Interviews with a volunteer confirmed he knew the consequences for engaging in sexual abuse or sexual harassment of residents or staff.

The review of policy and interviews with the Facility Director and volunteer confirms Cordova Center is compliant with this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- 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 No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- 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 No

115.278 (f)

- 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 No

115.278 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E, Anchorage Area Facilities policy 2015-6 and the Cordova Center Resident Handbook were reviewed and address the requirement of this standard. The Client is the supervising authority over all residents at the Cordova Center. If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to Agency PREA Coordinators, to the appropriate DOC staff or Residential Reentry Manager who will determine whether to subject the offender to formal disciplinary sanctions.

Residents are made aware of sexual misconduct they will be disciplined for in the Resident Handbook. Residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse; sanctions are 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; and considers whether an resident's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months, there has been one disciplinary sanction for violations of sexual abuse. Cordova Center prohibits all sexual activity between residents and discipline residents for such activity.

The review of policy, practices, resident handbook and interview with the Facility Director confirms Cordova Center is compliant with this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 No

115.282 (b)

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

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-6 and the Resident Education manual were reviewed and address the requirement of this standard. Policies states resident victims of sexual abuse shall 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; resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Cordova Center has no full or part time medical/mental health practitioners. All medical and mental health referrals are made to off-site providers. The services are provided at no cost to residents regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic examinations are done for up to 72 hours since the time of the incident.

Staff were aware victims of alleged sexual assaults are sent to an outside medical facility for services and a forensic examination by SAFE/SANE when necessary. For ADOC residents, mental health services will be provided at the Anchorage Correctional Complex East. Staff were also aware STAR would be contacted and provides crisis intervention services. There were no victims referred offsite for emergency medical or mental health service in the past 12 months.

The review of policies and interviews with staff confirms Cordova Center is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Anchorage Area Facilities policy 2005-6 were reviewed and address the requirements of this standard. Policies indicate Cordova Center offers medical and mental health evaluations, as appropriate to residents for follow-up services and treatment to all residents who have been victimized by sexual abuse. Cordova Center has agreements with community providers for medical and mental health services. For ADOC residents, mental health services will be provided at the Anchorage Correctional Complex East. They will be offered all lawful pregnancy-related medical services, prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, counseling and testing and referred to the mental health staff for crisis intervention as necessary. There were no victims referred offsite for emergency medical or mental health or required ongoing service in the past 12 months.

Risk assessments were not conducted properly for BOP residents as required per standard 115.412 and subsequent referrals to mental health were not made.

Corrective Action Plan: For a 90 day period, starting April 12, 2019 provide documentation that for all inmates, if the screening pursuant to § 115.41 indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community are referred for a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 to evidence and demonstrate corrective action taken by the Cordova Center regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. BOP Intake Listing from 3/19/2019 thru 6/24/2019
2. Reentry Facilities PREA Risk Assessment form
3. PREA Vulnerability Reassessment Questionnaire
4. PREA Resident Referral Verification form
5. Staff Training Roster

The Cordova Center retrained 12 staff on PREA assessments, referrals, 30-day reassessments and the investigation process. The Cordova Center demonstrated that for all

BOP inmates received during the corrective action period a PREA risk screening was completed and if the resident was still at the facility a 30 day reassessment was completed. The facility also provided a referral to mental health verification form for those residents who scored as at risk for victimization or abusiveness. This Standard is now fully compliant.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Anchorage Area Facilities policy 2015-6 and completed PREA After-Action Review Reports were reviewed and address the requirements of this standard. Policies identify the minimum members of the review team, and cover the process for sexual abuse incident reviews to include the form the review team uses. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. GEO has an excellent PREA after action review form that addresses all elements of the standard.

Policies requires the facility to conduct a PREA After-Action review at the conclusion of every investigation of sexual abuse and harassment that were substantiated or unsubstantiated within 30 day of the conclusion of an investigation. Incident review team members were interviewed. The Facility Director understands the importance of completing the After-Action reports on time.

Prior to the on-site audit, the auditor reviewed a completed PREA After-Action Review Report that was provided by the facility. The review occurred beyond the 30 days of the conclusion of the investigation. The review team included the Facility Director and investigator. While on-site the auditor reviewed an investigative report that was closed on 4/3/2019. A PREA After-Action review was conducted on 4/5/2019.

As there were no other investigations closed, there was insufficient documentation available to demonstrate the facility was consistently completing the PREA After-Action review within 30 days of the conclusion of investigations that were substantiated or unsubstantiated.

Corrective Action Plan: For a 90 day period, provide documentation that a PREA After-Action Review was completed within 30 days of the conclusion of all investigations that were substantiated or unsubstantiated.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on July 17, 2019 to evidence and demonstrate corrective action taken by the Cordova Center regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. PREA After-Action Review Reports

The Cordova Center demonstrated that for the three investigations closed during the corrective action period, After-Action Review Reports were completed within 30 days of the conclusion of the investigations. The allegations were determined to be unsubstantiated for all three investigations. No recommendations were made as a result of the after-action reviews. The review team included the Facility Director, Community Work Service Coordinator and Assistant Director of Security. This Standard is now fully compliant.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (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 No

115.287 (d)

- 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 No

115.287 (e)

- 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.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A, monthly and annual PREA Incident tracking log and The GEO Group Annual PREA Reports were reviewed and address the requirements of this standard. Policies require the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly and annual PREA Incident Tracking reports and PREA surveys to GEO headquarters. Per conversation with the PREA Coordinator the data is aggregated. Upon request from DOJ, GEO provides the data. GEO does not contract its residents to other facilities (115. 87 (e)).

A review of policy, Cordova Center PREA Incident tracking logs, GEO 2017 Annual PREA reports and interview with the PREA Coordinator, confirms Cordova Center is compliant with this standard.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 No

- 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 No
- 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 No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- 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 No

115.288 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A and The GEO Group Annual PREA Reports were reviewed and address the requirements of this standard. The policies requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. GEO prepares and publishes an annual report.

The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency's progress in meeting the PREA Standards. The GEO website home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the GEO annual report. The auditor previously

reviewed the GEO 2016 and 2017 PREA annual reports. The GEO PREA annual report includes a comparison of current and previous year data; an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. The GEO website PREA tab is easy to find, and is very informative.

The review of policy, Annual PREA reports, GEO Website and interview with the PREA Coordinator, confirm Cordova Center exceeds the requirement for this standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A and The GEO Group Annual PREA Report were reviewed and address the requirements of this standard. All sexual abuse data collected pursuant to this policy is maintained and properly stored and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

The review of policy, Annual PREA reports, GEO Website and interview with the PREA Coordinator confirms Cordova Center is compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No 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.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, was reviewed and meets the requirement of this standard. The policy states during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice. The GEO website has PREA audit reports posted for 120 facilities which are either the first or a recertification audit. This is the second PREA audit of the Cordova Center.

The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with residents and staff during the site visit. Notice of PREA audit was posted on February 24, 2019. Interviews with residents stated they have seen posting. No residents contacted the auditor prior to the audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for

prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Review of GEO's website at (<https://www.geogroup.com/PREA>) confirms that the agency ensures that the auditor's final report is published on the agency's website. At the time of the review, the GEO website has PREA audit reports posted for 116 facilities which are either the first or a recertification audit. The most recent audit report appearing on the website was completed on May 6, 2019, well within the 90-day requirement.

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

David Andraska P5115

7/25/2019

Auditor Signature

Date