

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

Interim Final

Date of Report October 14, 2021

Auditor Information

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Company Name: B.A.K Correctional Consulting	
Mailing Address: 1145 Eastland Ave	City, State, Zip: Akron, Ohio 44305
Telephone: 330-618-7456	Date of Facility Visit: July 15-16, 2021

Agency Information

Name of Agency: The GEO Group, Inc.	Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.		
Physical Address: 4955 Technology Way	City, State, Zip: Boca Raton, Florida 33487		
Mailing Address: Click or tap here to enter text.	City, State, Zip: Click or tap here to enter text.		
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: GEO's mission is 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 Social Responsibility Section			

Agency Chief Executive Officer

Name: Jose Gordo	Title: Chief Executive Director
Email: jgordo@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Trinia Maso de Moya	Title: Senior Director
Email: tmasodemoya@geogroup.com	Telephone: 561-999-8116
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 84: 49 Detention Facilities and 35 Reentry Facilities

Facility Information

Name of Facility: Tundra Center			
Physical Address: 680 Ridgecrest Bethel, Alaska 99559			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 907-543-3414			
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 type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: The mission of the Tundra Center is to provide transitional services in a supervised environment in order to assist residents in encouraging pro-social behavior and to (re)establish positive family and/or community ties. The facility endeavors to accomplish this through a variety of culturally responsive programming which targets the needs of the local indigenous population the facility services.

Facility Website with PREA Information: www.geogroup.com Social Responsibility Section

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

Director

Name: Victor Mercado	Title: Acting Facility Director
Email: vmercado@geogroup.com	Telephone: 907-543-3414

Facility PREA Compliance Manager

Name: Victor Mercado	Title: Acting Facility Director
Email: vmercado@geogroup.com	Telephone: 907-543-3414

Facility Health Service Administrator

Name: N/A	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 83 (contract max of 50)	Current Population of Facility: 41 (first day of the audit)		
Number of residents admitted to facility during the past 12 months	182		
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:	133		
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	162		
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0		
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-65	<input type="checkbox"/> Juveniles Adult facility only	<input type="checkbox"/> Youthful residents Adult facility only
Average length of stay or time under supervision:	4 months		
Facility Security Level:	Minimum		
Resident Custody Levels:	Minimum		
Number of staff currently employed by the facility who may have contact with residents:	14		
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6		
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0		

Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	22
Number of Open Bay/Dorm Housing Units:	0

The facility utilizes a video surveillance system with fifty-one (51) cameras; 12 exterior and 39 interior. The cameras provide twenty-four-hour monitoring of hallways, common areas, kitchen, recreation areas, medication room, dining hall, dayrooms of the resident apartments, and the exterior of the building. The video surveillance is monitored 24 hours by security staff within the resident monitor security station. The system provides security monitors with real time views of the camera footage enabling the staff to respond to any unusual activities.

Medical

Type of Medical Facility:	N/A. The facility utilizes a local hospital and community facilities/services for medical and
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	mental health services, Yukon Kuskokwin Health Corporation
Forensic sexual assault medical exams are conducted at:	Yukon Kuskokwin Health Corporation
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111 agency-wide 4 regional

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Tundra Center in Bethel, Alaska, a facility under the operation of the GEO Group, Inc. was conducted on July 19-20, 2021, by Barbara King, a Department of Justice (DOJ) certified PREA Auditor. The purpose of the audit was to determine compliance with the DOJ PREA standards. The facility houses male and female residents per contract from the Alaska Department of Corrections (AKDOC) and Bethel Therapeutic Courts as third-party placements. The Tundra Center provides temporary housing, monitoring and transitional services for residents, who are confined misdemeanor offenders, pre-trial/presentenced community placement, probationers, jail diversion, convicted felons and misdemeanor furlough cases. The facility does not house juveniles/youthful residents. This was the second PREA audit for the facility. The first audit was conducted in September 2018. The audit on-site visit was conducted during the COVID pandemic and under the facility's COVID operating protocols.

The audit process began with communication between the agency's GEO PREA Contract Compliance Manager in January 2021. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with residents and staff to ensure institutionalized practices for compliance with the PREA standards. The audit notices in English and Spanish were sent to the facility through the agency's PREA Contract Compliance Manager on June 14, 2021. The facility acknowledged receiving the audit notices and the postings were placed throughout the facility on June 16, 2021. The agency's PREA Contract Compliance Manager emailed photos of the postings for verification to the Auditor on June 16, 2021. The Auditor observed the audit notices posted throughout the facility during the tour of the facility.

About four weeks prior to the audit, the Auditor received the PREA Pre-Audit Questionnaire (PAQ) and supporting documents on a secure thumb drive provided by the agency. The thumb drive contained a master folder of supporting documentation for all forty-one PREA standards. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance including forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, and organizational charts to demonstrate compliance with each PREA standard. The thumb drive also included general facility information including daily population report, facility layout, camera locations, and the agency's mission statement. The documentation was well organized and highlighted providing an efficient review process. After the review of the PAQ and supporting documentation, the Auditor emailed the agency and the facility a Pre-Audit Documentation Review document requesting further documentation for clarification and review on various standards on June 29, 2021. The requested documentation was provided pre-audit and during the audit on-site visit.

The Auditor reviewed the GEO Group Inc. PREA Annual Reports for 2017 and 2020 plus the PREA information on the GEO Group, Inc. website under the Social Responsibility Section - PREA (www.geogroup.com) prior to the audit. The website includes general PREA information; how to report allegations of sexual abuse/harassment; employee reporting options; investigation process; the PREA and investigation policies; PREA Annual Reports; DOJ Final Standards; email address for reporting to the agency; and contact information for program questions. The Auditor contacted Just Detention

International (JDI) about any information regarding the facility; none was noted. Prior to the on-site visit, contact was made with the agency's PREA Contract Compliance Manager the Regional Program Performance Manager, and the Acting Facility Administrator, who is also the facility's PREA Compliance Manager to discuss the audit process and set a tentative time schedule for the on-site audit. The Auditor, the agency's PREA Compliance Manager, and the agency's Regional Program Performance Manager also discussed the COVID pandemic measures in place and the safety requirements to enter the facility.

The policies utilized for the policy and procedure review and documentation were:

Agency Policies:

- 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities
- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

Facility Policies:

- 2019-1 PREA Staffing and Facility Requirements
- 2019-2 PREA Intake and Orientation
- 2019-3 PREA Screening/Admission
- 2019-4 Resident Searches, Viewing, and Contraband
- 2019-5 Grievance Process
- 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

On June 29, 2021, the Auditor requested the following information be provided: the daily population report, staff roster to include all departments (include title, shift, and good days), resident roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of residents with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) residents, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of residents that reported sexual abuse, list of disabled and limited English proficient (LEP) residents, list of the first responders from the reported allegations, and a list of how the allegations were reported (i.e. verbal to staff, grievance...). The facility provided the requested facility information the day prior to the audit. This information was utilized to establish interviews schedules for the random selection of residents and staff to be interviewed (random and specific interviews protocols).

Before the start of the audit, an in-briefing was held with the Acting Facility Director and the agency's Regional Program Performance Manager. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge and practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour and facility practices, documentation review, and conducting both staff and resident interviews. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would meet with the Acting Facility Director, the Regional Program Performance Manager, and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no correspondence

was received from a resident prior to the audit.

Due to COVID, the Auditor and facility staff discussed the best way to conduct resident interviews. It was determined the residents would be interviewed in an administrative office with masks. The residents are provided masks for safety and must wear the masks outside of their housing dorm/unit which included during the interview. The Acting Facility Director and the Regional Program Performance Manager provided information to the Auditor regarding the facility and the audit period. The facility administration shared there were no cross-gender pat-down searches conducted during the audit year and there were seven allegations since the last audit with two during the audit period (previous twelve months). The facility does not house juveniles.

The Acting Facility Director also shared there was a change in administration in April when he accepted the Acting Facility Director position and the last day of the audit was also his last day at the facility. The facility had numerous turnover for the Facility Director position and as needed is covered through the regional office. The Office Support Specialist also has left employment at the facility, this position was responsible for maintaining the personnel files. The Acting Facility Director and the agency's Regional Program Performance Manager shared that during the agency's audit it was identified that PREA paperwork for staff and residents were not filed, and some paperwork could not be found. The Acting Facility Director recompleted all resident paperwork which included intake risk screening, reassessments, and education. At the time of the audit, the employee personnel binder could not be found which contained background checks and PREA training for each staff member. The Auditor's review of the personnel files showed the files had limited information. The regional office and the Office Support Specialist from Parkview Center obtained the information from the agency level and provided it to the Auditor during and after the on-site visit to demonstrate compliance.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

The facility tour was completed on the first day of the on-site audit. The resident housing units, library, restrooms, recreation/weight room, classroom/program areas, laundry, kitchen, food storage, dining room area/visitation, monitoring control station, main lobby, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of cameras, mirrors, PREA notices, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the resident monitor's post sight lines. The Auditor identified a blind spot in the female recreation area. The facility purchased and installed a mirror to eliminate the blind supervision area. The residents have privacy during the state of undress, showering and performing bodily functions through the use of restrooms and doors on the housing rooms. Notices that staff of the opposite gender must announce prior to entering a housing area are posted throughout the facility. The residents interviewed stated they had privacy to change clothes, shower, and perform bodily functions without the opposite gender staff observing.

During the course of the tour the Auditor conducted several informal interviews with both staff and residents, interviewing them on their knowledge of PREA, reporting methods, response to an allegation, and facility practices. The Auditor observed opposite gender staff announcing their presence when entering the housing units. The PREA audit notices were observed throughout the facility including in housing areas, common areas, program areas, and administrative areas.

The hallways and areas accessible to residents have PREA information posted providing residents

readily accessible PREA educational information, zero tolerance policy, emotional support services available, how to report an incident, methods for reporting sexual misconduct, and PREA reporting numbers including the confidential hotline to the Alaska Department of Corrections (AKDOC). The information informs the residents they can remain anonymous when reporting an incident. All information is provided in English and Spanish. Detailed information regarding these services will be outlined within the corresponding PREA standards throughout the report. The Auditor tested the reporting and the emotional support services numbers posted. The Auditor also reviewed the logbooks in the security control center to verify supervision and unannounced rounds by staff. The logbooks documented that unannounced rounds were conducted by immediate line supervisors and administration and supervision rounds by security monitors.

All required facility staff and resident interviews were conducted on-site during the two-day audit. Staff and resident interviews were held in an administrative office which afforded privacy for the interviews. The Auditor utilized the PREA Auditor Handbook table for determination of the number of resident interviews to be held at the facility based on resident population of 0-50. The resident population of 41 on the first day of the audit required at least 10 resident interviews with at least 5 from the target groups and 5 random interviews. Twelve (12) formal resident interviews were conducted, and 6 residents were informally interviewed during the facility tour, (44% of the resident population). The ten random resident interviewees were selected by the Auditor from the housing roster provided by the facility and two residents interviews that reported sexual abuse. There were no residents from targeted categories of limited English proficient, with a disability, transgender, gay/bisexual, and who disclosed sexual victimization. One resident refused an interview. The residents interviewed knew the numerous methods to report, they acknowledged the zero-tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. The residents indicated they felt safe at the facility.

A total of 10 facility staff and 2 regional staff were interviewed for 18 interview protocols (71% of the facility staff). Staff was randomly selected from the three shifts and operational areas within the facility (8). Additionally, specialized staff were interviewed including the Acting Facility Director/PREA Compliance Manager, Human Resource Manager (employee from Parkview Center), Investigator (Regional Program Performance Manager), Staff Who Perform Risk Screening (1), Incident Review Team (1- Regional Program Performance Manager), Staff Who Monitor for Retaliation (1 - Regional Program Performance Manager), First Responders (1), and Intake staff (1). Although the facility has not conducted a cross-gender search, two staff were interviewed for the interview protocols for Staff involved in Cross-Gender Searches to verify the practice Interviews for the Agency Director/Designee (Quality Assurance Director/Reentry Services PREA Divisional Coordinator) and the agency's PREA Coordinator was provided to the Auditor which were conducted within the audit period, both positions were available for additional interviews if needed. An interview was not conducted for the Contract Administrator. The facility does not contract for housing of their residents. Medical and mental health services are provided by outside community agencies. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

The Auditor attempted an interview on six occasions with a representative from the local hospital, Yukon Kuskokwim Health Corporation regarding emergency medical treatment including forensic exams and behavioral healthcare. There were no returned phone calls or a staff member availability when called to discuss the forensic exams and emergency services that would be provided by the hospital for a victim

of sexual abuse. The International Association of Forensic Nurses website verifies a SANE program at the Yukon Kuskokwin Health Corporation in Bethel Alaska. The agency has attempted to enter into an agreement with Yukon Kuskokwin Health Corporation for SAFE/SANE, emergency medical treatment, and behavioral healthcare services with no success. The medical and behavioral health crisis intervention services would be provided to facility residents just like any community resident. The hospital provides 24-hour behavioral health crisis intervention through the emergency department. The behavioral health crisis intervention provides ongoing counseling and support for the residents at the facility. The hospital has not entered into an agreement of memorandum of understanding, although the agency has attempted. The facility has a MOU agreement with Tundra Women's Coalition dated June 2021 to provide outside confidential emotional support services for the residents. The MOU outlines the victim advocacy services provided include 24 hour hotline assistance and will contact the facility in the event that the victim consents to anonymously reporting the allegations back to the facility only with the express verbal or written consent of the resident which will be documented by the advocacy agency; in person response and support at the hospital; counseling support, individual therapy, groups for victims; court advocacy; referral to hospitals that are SAFE and/or SANE providers; work with the appropriate law enforcement agency assigned jurisdiction for the case; comply at all times with applicable Federal, State and Local Laws and other regulatory and certification requirements; and protect the identity and confidentiality of all sexual assault victims.

There were two allegations of sexual abuse reported during the audit period. One was a resident-on-resident that was determined substantiated. The investigation was completed a specialized trained investigator. The case was not determined criminal and therefore was not referred to an outside agency. The Auditor reviewed the closed investigation file. The other allegation was staff-on-resident which was still under investigation.

The Auditor also reviewed staff personnel records, staff training records, and resident files. The Auditor observed a resident intake, risk screening, and classification.

An exit meeting was conducted by the Auditor at the completion of the on-site audit with the Acting Facility Director, Regional Program Performance Manager, agency's PREA Contract Compliance Manager (via phone), and the agency's Senior Area Manager (via video). The Auditor discussed observations made during the on-site portion of the audit and was able to give some preliminary findings. Within the facility, tension was nonexistent between staff and residents, especially under the current COVID situation. The Auditor observed constant positive interactions between staff and residents throughout the on-site visit. Both staff and residents interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual abuse or harassment if needed. The residents stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared the staff was professional and trained in their PREA responsibilities. Key facility staff during the audit included the Acting Facility Director/PREA Compliance Manager and the Regional Program Performance Manager.

While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance for nine standards:

115.215 Limits to Cross Gender Viewing and Searches

- Staff were not aware of the proper method for transgender pat-down searches and stated they had not received training on transgender and cross-gender searches.
- There was no documentation that staff were trained on cross-gender or transgender pat-down searches.

115.217 Hiring and Promotion Decisions

- Personnel files did not contain documentation to ensure the three administrative adjudication questions were asked on the employment application or during the interview questions to ensure the facility does not hire or promote individuals who have engaged, been convicted of engaging or attempting, or has civilly or administratively adjudicated to have engaged in sexual abuse and incidents of sexual harassment.
- Background checks were not provided in 4 of the 6 employee's files.
- There was no documentation to demonstrate the facility asks all applicant and staff who have contact with residents directly about previous misconduct in in any applications or interviews for hiring and promotion and through interviews or written self-evaluation conducted as part of the reviews of current employees.

115.221 Evidence Protocol and Forensic Medical Examinations

- Staff were not aware of the agency's protocol for obtaining usable physical evidence is a resident alleges sexual abuse.
- There was no documentation to demonstrate the facility requested outside agencies to follow the standard elements for investigations.

115.231(a) Employee Training

- Half of the employees interviewed stated they were not provided training in PREA. The staff were not able to discuss the training elements and noted they did not know the information. Staff have not completed PREA training every two years or as required by the standard or annually as required by agency policy. The facility could only demonstrate one training that was conducted this year.

115.251 Resident Reporting

- Staff stated they would not take allegation reports by a third-party. A number of staff also stated they would not take writing or anonymously allegations reports.

115.253 Resident Access to Outside Confidential Support Services

- The poster and handbook referencing victim advocacy services does not include when allegations may be reported by an outside agency and when calls are monitored/confidential. This information should be included on the Resident Reporting Options poster that the phone calls are confidential and not monitored (can be accomplished with labels on current posters and when updating the resident handbook) and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.262 Agency Protection Duties

- Staff were not aware of the procedures to take if a resident is subject to a substantial risk of

imminent sexual abuse. Most staff stated they would just keep an eye on the resident.

115.264 Staff First Responder Duties

- Staff were not aware of their responsibilities as a first responder. The majority of the staff indicated they would call the police or the Facility Director.

115.267 Agency Protection Against Retaliation

- The facility has not been conducting retaliation monitoring. Two residents interviewed that reported an allegation felt they were being retaliated against by staff involved in the incident through comments of returning them to jail and the intimidating looks and gestures.
- The facility has not provided protection measures for residents that reported allegations from contact with the alleged abuser who are staff. The facility struggles with staffing coverage due to vacancies that enhances this issue of not being able to move the staff from contact with the resident.

The Auditor also made recommendations to the facility administration. The recommendations were:

115.216 Residents with Disabilities and Residents who are Limited English Proficient

- Numerous staff indicated they would use resident interpreters. Staff need refresher training on policy prohibiting the use of resident interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.

115.221(a) Evidence Protocol and Forensic Medical Examinations

- Staff were not aware of who conducts sexual abuse investigations. The facility must provide refresher training with staff and provide documentation of the training.

115.233 Resident Education

- The facility has not been providing education through the PREA video due to equipment failure. The video should be shown as required by the agency's policy for PREA education for the resident.

115.241 Screening for Risk of Victimization and Abusiveness

- The facility should ensure the staff are asking the questions on the risk assessment and not having the resident complete the form. Numerous residents stated they are provided the form to complete.
- The facility should ensure that reassessments are completed within the appropriate time frame of within 30 days. Of the 12 detainee files reviewed, four were outside the timeframe.

The Auditor thanked the Acting Facility Director/PREA Compliance Manager, Regional Program Performance Manager, and the staff of the Tundra Center for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked the facility for the hospitality received and the professionalism provided by all staff during the visit.

After the on-site visit, the facility and agency provided documentation demonstrating compliance with the outstanding standards. The actions to achieve compliance will be addressed under the appropriate standard section. No further action was necessary for compliance. The facility and agency also provided documentation demonstrating the facility also addressed the recommendations.

The Auditor based the decision of standard compliance on data gathered during the on-site audit; review of documentation; observations during the tour of the facility; interviews with staff and residents; staff and resident file reviews; review of the investigative file, and the agency and facility's policy and practices review.

Facility Characteristics

The Tundra Center is located in Bethel, Alaska. This small rural town is located in the remote southwest area of Alaska surrounded by Native Alaskan villages. The population is primarily made up of Native Alaskan residents from the outlying villages. Placements are received per contract from the Alaska Department of Corrections (AKDOC) and Bethel Therapeutic Courts as third-party placements. Tundra Center houses sex offenders in a treatment program through the AK DOC. The facility's design capacity is 83, however the contract only allows a maximum capacity of 50 residents (of which 16 may be female). The facility accommodates both male (about 90% of the population) and female residents (about 10% of the population). The facility does not house juveniles/youthful residents. The average length of the residential stay is four months. The first day of the on-site audit, the population was 41 (40 male and 1 female).

The facility is a wooden two-story structure located in a central location within the city of Bethel. To enter the facility is through a common front entrance into a main lobby in the administrative area. The security monitor security station is located off the main lobby and controls entry into the facility. Access is controlled and monitored by security staff 24 hours a day. This section of the building is two-story with administrative offices, a female resident wing, medication room, and male resident rooms located on the first floor. The female resident wing consists of four resident rooms each with four beds, restroom, laundry, and a common area room utilized for dining and recreation. The east hallway has three male resident rooms each with four beds, library, staff lounge, linen storage room, and administrative offices, and the medication room. The second floor has three resident apartments and the case manager's office/program area. Two of the apartments consist of a common area with separate bedroom areas; Apartment 1 has three bedrooms with four beds in each bedroom and Apartment 2 has two bedrooms with four beds in each bedroom. Apartment 3 is an open dorm design with 15 beds that was being utilized for quarantine during the on-site audit. The other section of the building is single story and contains a hallway of male resident housing, kitchen, dining room/visitation, male restroom, and laundry area. The resident hallway contains eleven resident rooms each containing four beds. The males and females are kept separate, and each has their own dining hall, bathrooms, showers, workout room and bedrooms.

The security monitor security station monitors and coordinates the security, life safety, and communications for the facility. It is staffed 24 hours a day, 7 days a week. The Monitor Station is the common post for the security monitors on shift. The facility cameras via closed circuit video surveillance are monitored within with the security station. The control center officer also maintains contact with all

staff through the facility's P.A. system.

Each resident room, housing up to four residents, allowing security monitors to interact directly and with smaller groups of residents. Each dorm is supervised through indirect supervision with a roving security monitor that is required to make hourly rounds into each resident room. The dorm has a L design that has an open view supplemented through mirrors of the full dorm except the bathroom. All the resident bathrooms have toilets with doors and showers with curtains allowing privacy for the residents. During the tour, the Auditor identified blind spot in Apartment 3 and the female recreation area. The facility installed mirrors in the areas to eliminate the blind spots as documented through photos provided by the facility after the on-site audit. PREA information is provided to residents on PREA signage (Zero Tolerance, Sexual Assault Awareness Program, and Resident Reporting Options) posted throughout the facility in English and Spanish to include the main entrance, resident apartment common areas, hallways, and program and service areas. The supervisory staff test the phone numbers regularly to ensure they are working. Staff reporting options have been placed consistently throughout the facility including the administrative offices and staff breakroom.

The facility operates three 8-hour shifts and as needed utilizes two 12-hour shifts to provide staff coverage. Each shift has a minimum of three security monitors who are the primary security staff members per contract. There is also a Case Manager assigned to the day and afternoon shifts. The contract also requires a female and male security monitor per shift. The AKDOC contract requires two security monitors for a resident population up to 49 and three security monitors for a resident population of 50 -100. Tundra Center received a waiver from the AKDOC to have a minimum of two staff on duty from midnight to 8 a.m. Of the 24 staff positions, 8 positions are vacant (33%). The Acting Facility Director stated the required coverage has always been met through overtime or assistance from supervisory and existing staff when needed to cover staff call-offs, vacancies, training, and leave requests. The agency and facility have established a constant recruitment process to attempt to fill vacancies. The Acting Facility Director stated it is a challenge to hire and retain staff and the agency needs to develop a recruitment plan specific to the facility and the Bethel area. The security functions are supported through a Security Manager, Security Monitor II (shift supervisors 4), and Security Monitors (10). Resident supervision is conducted through hourly rounds in housing areas and documented in logbooks by shift supervisors and security monitors. Other staff positions include the Facility Director, Case Managers (2), Office Support Specialist, Kitchen Manager, Cook Supervisor, Cook, Maintenance Technician, and Cultural Relevance Coordinator. All staff receive the same PREA training including first responder duties and can assist with staff coverage as needed.

The facility does not have medical or mental health services on-site. These services are provided within the community. Several staff members are trained to complete health screenings which are conducted upon arrival to the facility. All staff are trained in CPR, first aid, and AED usage. Residents in need of medical treatment can make appointments with local doctors and/or utilize the hospital's emergency room. If there is a medical emergency, 911 would be called. A resident would be transported by emergency medical services to the hospital. Non-emergency incidents may be transferred by facility vehicle. Residents are allowed to have approved keep-on-person medications.

The facility utilizes a video surveillance system with fifty-one (51) cameras; 12 exterior and 39 interior. The cameras provide twenty-four-hour monitoring of hallways, common areas, kitchen, recreation areas, medication room, dining hall, dayrooms of the resident apartments, and the exterior of the building.

The system provides security monitors with real time views of the camera footage in the security monitor station enabling the staff to respond to any unusual activities. The Auditor observed the camera monitors in the main control center and there was no cross-gender viewing.

GEO's mission is 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. The facility's mission statement is, "The mission of the Tundra Center is to provide transitional services in a supervised environment in order to assist residents in encouraging pro-social behavior and to (re)establish positive family and/or community ties. The facility endeavors to accomplish this through a variety of culturally responsive programming which targets the needs of the local indigenous population the facility services."

The facility is managed by a Facility Director.

Summary of Audit Findings

The PREA Audit of the Tundra Center found forty-one (41) standards in compliance with two (2) of those standards exceeding the requirement of the standard. The standards are 115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator and 115.217 Hiring and Promotion Decisions. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

Number of Exceeds Standards: 2

115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator
115.217 Hiring and Promotion Decisions

Number of Standards Met: 39

115.212 Contracting with other Entities for the Confinement of Inmates
115.213 Supervision and Monitoring
115.215 Limits to Cross-Gender Viewing and Searches
115.216 Residents with Disabilities and Inmates Who Are Limited English Proficient
115.218 Upgrades to Facilities and Technologies
115.221 Evidence Protocols and Forensic Medical Examinations
115.222 Policies to Ensure Referrals of Allegations for Investigations
115.231 Employee Training
115.232 Volunteer and Contractor Training
115.233 Resident Training
115.234 Specialized Training: Investigations
115.235 Specialized Training: Medical and Mental Health Care
115.241 Screening for Risk of Victimization and Abusiveness
115.242 Use of Screening Information
115.251 Resident Reporting
115.252 Exhaustion of Administrative Remedies
115.253 Resident Access to Outside Confidential Support Services
115.254 Third-Party Reporting
115.261 Staff and Agency Reporting Duties
115.262 Protective Duties
115.263 Reporting to Other Confinement Facilities
115.264 Staff First Responder Duties
115.265 Coordinated Response
115.266 Protection of Ability to Protect Residents from Contact with Abusers
115.267 Agency Protection Against Retaliation
115.271 Criminal and Administrative Agency Investigations
115.272 Evidentiary Standards for Administrative Investigations
115.273 Reporting to Residents
115.276 Disciplinary Sanctions for Staff
115.277 Corrective Action for Contractors and Volunteers
115.278 Disciplinary Sanctions for Residents
115.282 Access to Emergency Medical and Mental Health Services

- 115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- 115.286 Sexual Abuse Incident Reviews
- 115.287 Data Collection
- 115.288 Data Review for Corrective Action
- 115.289 Data Storage, Publication, and Destruction
- 115.401 Frequency and Scope of Audits
- 115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

There were nine (9) outstanding standards at the end of the site visit. The facility and agency provided documentation after the on-site visit to demonstrate compliance with all the standards.

115.215 Limits to Cross Gender Viewing and Searches

- Staff were not aware of the proper method for transgender pat-down searches and stated they had not received training on transgender and cross-gender searches.
- There was no documentation that staff were trained on cross-gender or transgender pat-down searches.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the proper method for transgender and cross-gender searches. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

115.217 Hiring and Promotion Decisions

- Personnel files did not contain documentation to ensure the three administrative adjudication questions were asked on the employment application or during the interview questions to ensure the facility does not hire or promote individuals who have engaged, been convicted of engaging or attempting, or has civilly or administratively adjudicated to have engaged in sexual abuse and incidents of sexual harassment.
- Background checks were not provided in 4 of the 6 employee's files.
- There was no documentation to demonstrate the facility asks all applicant and staff who have contact with residents directly about previous misconduct in in any applications or interviews for hiring and promotion and through interviews or written self-evaluation conducted as part of the reviews of current employees.

Compliance Action Taken: The agency and facility provided the personnel forms/documents that were not available in the personnel files during the on-site audit. Documentation provided included the Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation forms, GEO Employment Form (employment application), and State of

Alaska Department of Corrections Waiver and Authorization to Release Information forms (background check form). The Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation forms which documents staff are asked the three administrative adjudication questions as part of the written annual performance evaluations. Each applicant completes the GEO Employment Application which asks the three administrative adjudication questions during the hiring process. The State of Alaska Department of Corrections Waiver and Authorization to Release Information forms documented the background check and the AKDOC approval for hire. The provided documentation demonstrated substantial compliance.

115.221 Evidence Protocol and Forensic Medical Examinations

- Staff were not aware of the agency's protocol for obtaining usable physical evidence is a resident alleges sexual abuse.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the proper method for obtaining usable physical evidence is a resident alleges sexual abuse. The staff are issued and responsible for carrying on them the PREA Staff's Responsibility Card which addresses obtaining physical evidence. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

- There was no documentation to demonstrate the facility requested outside agencies to follow the standard elements for investigations.

Compliance Action Taken: The regional office contacted the Bethel Police Department on July 22, 2021, through email to request the Bethel Police Department to follow the standard requirements when investigating a sexual abuse allegation. The email also requested the Bethel Police Department to enter into an agreement in terms of mutual aid in the event of a PREA incident at the facility. The facility has not received a response from the Bethel Police Department. The provided documentation requesting the Bethel Police Department to follow the standard requirements demonstrated substantial compliance.

115.231(a) Employee Training

- Half of the employees interviewed stated they were not provided training in PREA. The staff were not able to discuss the training elements and noted they did not know the information.
- Staff have not completed PREA training every two years or as required by the standard or annually as required by agency policy. The facility could only demonstrate one training that was conducted this year.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. This completed the annual training of all employees at the facility. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided

documentation demonstrated substantial compliance.

115.251 Resident Reporting

- Staff stated they would not take allegation reports by a third-party. A number of staff also stated they would not take writing or anonymously allegations reports.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the resident reporting methods, third-party reporting, and the staff's responsibilities for reporting and documenting a reported allegation. The staff are issued and responsible for carrying on them the PREA Staff's Responsibility Card which addresses the first responders' duties including reporting an allegation. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

115.253 Resident Access to Outside Confidential Support Services

- The poster and handbook referencing victim advocacy services does not include when allegations may be reported by an outside agency and when calls are monitored/confidential. This information should be included on the Resident Reporting Options poster that the phone calls are confidential and not monitored (can be accomplished with labels on current posters and when updating the resident handbook) and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Compliance Action Taken: The facility updated the Resident Reporting Options and the PREA Education Manual for Residents (handbook) informing the residents the victim advocacy services are not monitored and the organization may contact the facility to advise them of an incident. The Resident Reporting Options poster and the PREA Education Manual for Residents was expanded to include "Calls to PREA resources are not monitored by the facility. Call recipients may contact the facility to advise them an incident has occurred in accordance with local reporting policy requirements and reports of abuse may be forwarded to the appropriate authorities in accordance with mandatory reporting laws, as applicable." The provided documentation demonstrated substantial compliance.

115.262 Agency Protection Duties

- Staff were not aware of the procedures to take if a resident is subject to a substantial risk of imminent sexual abuse. Most staff stated they would just keep an eye on them.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers that immediate action is to be taken when a resident is at substantial risk of imminent sexual abuse. The staff are issued and responsible for carrying on them the PREA Staff's Responsibility Card which addresses first responder duties including separating the resident for safety. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee

documenting the training. The provided documentation demonstrated substantial compliance.

115.264 Staff First Responder Duties

- Staff were not aware of their responsibilities as a first responder. The majority of the staff indicated they would call the police or the Facility Director.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers staff first responder duties. The staff are issued and responsible for carrying on them the PREA Staff's Responsibility Card which outlines the first responder duties. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

115.267 Agency Protection Against Retaliation

- The facility has not been conducting retaliation monitoring. Two residents interviewed that reported an allegation felt they were being retaliated against by staff involved in the incident through comments of returning them to jail and the intimidating looks and gestures.
- The facility has not provided protection measures for residents that reported allegations from contact with the alleged abuser who are staff. The facility struggles with staffing coverage due to vacancies that enhances this issue of not being able to move the staff from contact with the resident.

Compliance Action Taken: The facility has established a process for retaliation monitoring. A Case Manager is responsible for the monitoring on a weekly basis. The facility has provided documentation of retaliation monitoring for two residents that reported an allegation. The monitoring was documented on the Protection Form Retaliation Log-Reentry which demonstrated weekly meetings with the resident. The resident and staff member sign and date the form documenting the weekly contact. The provided documentation demonstrated substantial compliance.

The Auditor also made recommendations to the facility administration. The recommendations were:

115.216 Residents with Disabilities and Residents who are Limited English Proficient

- Numerous staff indicated they would use resident interpreters. Staff need refresher training on policy prohibiting the use of resident interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.

Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the use of interpreters, which states resident interpreters, resident readers, or other types of resident assistants may not be used; and an exception is made when waiting for an interpreter compromises resident safety, first responder duties, or an

investigation. All exceptions must be fully documented. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training.

115.221(a) Evidence Protocol and Forensic Medical Examinations

- Staff were not aware of who conducts sexual abuse investigations. The facility should provide refresher training with staff and provide documentation of the training.

Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the criminal and administrative investigation process including the investigating responsible party. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training.

115.233 Resident Education

- The facility has not been providing education through the PREA video due to equipment failure. The video should be shown as required by the agency's policy for PREA education for the resident.

Action Taken: The facility during the on-site audit repaired the video equipment. The facility completed PREA educational training with all residents who did not have documented training of viewing the video or documented training in their files. The training consisted of the residents viewing the video PREA – What You Need to Know and staff available to address facility specific education and address any questions. The facility provided the resident training forms that acknowledged the training of the zero-tolerance policy, right to report, and free medical and mental health care. The resident signs the acknowledging the resident understands the information presented in the video. The acknowledgement forms were provided for the residents that did not have documented PREA education training and for new intakes to demonstrate the process.

115.241 Screening for Risk of Victimization and Abusiveness

- The facility should ensure the staff are asking the questions on the risk assessment and not having the resident complete the form. Numerous residents stated they are provided the form to complete.

Action Taken: The facility provided refresher training to staff responsible for conducting risk assessments and reassessments through a document titled GEO PREA Risk Screening Tool Screening Instructions. The instructions outline the initial risk screening assessment and the 30-day reassessment tools. The instructions include that all questions on the tool must be asked including regarding disabilities and LGBTI status.

- The facility should ensure that reassessments are completed within the appropriate time frame of within 30 days. Of the 12 detainee files reviewed, four were outside the timeframe.

Compliance Action Taken: The facility developed a PREA Tracking Log that documents the intake date, the date of the initial assessment, the date the reassessment is scheduled, the reassessment completed date, and the release date of released prior to the reassessment. The log demonstrated that initial risk assessment was completed on all residents and reassessments were completed on all residents (if applicable) within 30 days unless released.

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*)

The agency policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities and the facility's policy 2019-1 Sexually Abusive Behavior Prevention and Intervention Program (PREA) mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policies outline the agency and facility's approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The policy provides definitions of sexual abuse and general PREA definitions. Through observation of facility's PREA postings (Zero Tolerance, Sexual Assault Awareness Program, and Resident Reporting Options), the facility is providing information to the residents on zero tolerance. Staff are informed of zero tolerance and the operational practices through training and policies. It was apparent through the training materials and staff and resident interviews that the agency and the facility is committed to zero tolerance of sexual abuse, sexual assault, and sexual harassment. Each staff member also carries an informational card,

PREA Staff Responsibility Card that outlines staff responsibilities, zero tolerance, and the first responder requirements. The zero-tolerance policy is publicly posted on the agency's website.

The agency level commitment exceeds the standard with the staff who are responsible to oversee the sexual abuse prevention and intervention policies, procedures, and practices. GEO employs a corporate level PREA Director/PREA Coordinator that oversees the company's PREA compliance throughout all agency facilities. Within the corporate PREA office are five PREA Contract Compliance Managers and a PREA Coordinator, and a Data Specialist. Their roles vary from conducting mock audits, assisting facilities with technical assistance, and assisting the agency PREA Coordinator with various other PREA related tasks upon request. The PREA Coordinator stated each of the PREA Compliance Managers have oversight assignments of approximately twenty facilities for three managers and three facilities each for the other two managers with all managers having investigative oversight of their facilities. They serve as the main point of contact for all PREA related questions. The Data Specialist is responsible for collecting and analyzing PREA data and preparing required reports. The agency has three regional PREA Coordinators for the Secure Services Division for the Eastern, Western, and Central regions. The agency also has an assigned PREA Compliance Manager in all their facilities. The Alaska Senior Area Manager and the Regional Contract Compliance Manager also provides oversight of PREA compliance for the facility.

The agency's PREA Coordinator stated, the agency conducts internal audits to identify any issues with compliance on an annual basis. The results of the internal audits are thoroughly reviewed during the post audit workshop and a corrective action plan is developed. In addition, our internal auditing tools are reviewed/updated annually to include methodologies for maintaining compliance and improving overall quality. In conjunction with the PREA compliance managers we utilize the PREA Resource Center (PRC) for the most up-to-date guidance regarding the standards. We utilize the PRC frequently asked questions (FAQ) as a resource for interpreting the intention of the standard. The PREA "standards in focus" that we are now providing to the PREA Compliance Managers as a resource for implementing best practices. We have revised the specialized investigator training from a webinar format to an interactive (trackable) web-based curriculum. In addition, we have also developed web-based specialized investigator refresher training and created a PREA Compliance Manager orientation guide.

At the facility level, the PREA Compliance Manager (Facility Director) is responsible to oversee that policies and procedures relative to PREA and ensure facility compliance with the PREA standards and agency and facility policies. The facility policy 2019-1 states, "The Facility Director shall serve as or appoint a local PREA Compliance Manager. The PREA Compliance Manager will be vested with sufficient time and authority to coordinate the Facility's efforts to comply with the PREA standards. PREA Compliance Manager duties include gathering facility statistics and reports on incidents of Sexual Activity and Sexual Abuse; assist with development/revision of any site specific PREA policies; assist with PREA training initiatives; assist with PREA facility assessments; prepare an annual report on findings and corrective actions for the facility; and monitoring for retaliation in accordance with PREA standards." The Acting Facility Director stated he has authority to coordinate the facility's efforts to comply with the PREA standards and usually enough time to manage all the PREA responsibilities. He stated he has been in the position only for four months and has been working to meet compliance with the PREA standards. The PREA responsibilities include ensuring training of staff, monitoring retaliation, oversee investigations, completing rounds, discuss PREA concerns and updates during administrative meetings with staff, and availability to staff and residents to discuss PREA issues and information. If an issue is identified with compliance concerns with a PREA standard, he would take develop a corrective action plan with

appropriate staff and follow-up to ensure the corrective action was completed. That occurred as part of the agency's internal PREA audit, the agency identified concerns that him and the staff developed compliance action plans. During the interview with the Acting Facility Director, he was familiar with the facility's PREA policies and procedures and the responsibilities for coordinating the facility's efforts to comply with the PREA standards as well as the agency and facility policies.

The facility has struggled with turnovers and maintaining consistent operations with the numerous staff turnovers and vacancies. The last day of the audit was also the Acting Facility Director's last day. The Regional Contract Compliance Manager and other agency staff assist to maintain compliance with the PREA standards within the facility.

Through observation of PREA postings, review of resident and staff handouts, and interviews with staff and residents it was apparent the agency and facility are committed to zero tolerance of sexual abuse and sexual harassment. PREA informational posters are posted throughout the facility that indicates the zero tolerance of sexual abuse and sexual harassment, as well as, providing the methods to report. The Auditor determined compliance through the interview with the Acting Facility Director, review of agency and facility's policies, and the GEO's organizational chart for the corporate PREA Department.

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*)

The agency/facility does not contract for the confinement of residents with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator and the Acting Facility Director. The agency's policy 5.1.2-A states, "GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards. Contractors providing services who have direct contact with Individuals in GEO Facility or Program shall be obligated to comply with applicable PREA standards and shall be monitored to ensure compliance with these PREA standards."

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*)

The agency's policy 5.1.2-A and facility's policy 2019-1 outlines the requirement of a staffing plan. The facility has developed a staffing plan that is based on the four criteria of this standard to include the physical layout of each facility; the composition of resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The agency's policy 5.1.2-A states, "Each Facility shall develop, and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect Individuals in a GEO Facility or Program

against Sexual Abuse. Facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to the staffing plan; the Facility's deployment of video monitoring systems and other monitoring technologies; and the resources the Facility has available to commit to ensure adherence to the staffing plan. Community Confinement Facilities shall also assess, determine and document prevailing staffing patterns." The facility's policy 2019-1 states, "Tundra Center shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse." The agency's PREA Coordinator stated, "Each facility is required to conduct an annual PREA facility assessment which requires them to review their staffing plan and all components of the physical plant to include blind spots and areas where staff and inmates can be isolated. Completed assessments are forwarded to me which include recommendations for equipment, cameras, additional staffing, etc. I review and consult with the appropriate divisional leadership (Secure Services, Reentry and Youth) and we assess the request. It is either approved or denied, signed, and sent back to the facility. All requests for additional enhancements submitted in 2018 were approved. We have completed the 2020 annual facility assessments." The facility's design capacity is 83, however, the contract maximum capacity is 50. The staffing plan is based on the contract capacity of 50. The staffing requirement is documented within the AKDOC contract. The population during the audit was 41 residents and the average population for the last 12 months was 35.

The facility operates three 8-hour shifts 12:00 am to 8:00 am, 8:00 am to 4:00 pm, and 4:00 to 12:00 am. The facility may utilize two 12-hour shifts when needed due to call-outs and staffing issues. Each shift has a minimum of three security monitors who are the primary security staff members per contract. There is also a Case Manager assigned to the day and afternoon shifts. The contract also requires a female and male security monitor per shift. The AKDOC contract requires two security monitors for a resident population up to 49 and three security monitors for a resident population of 50 -100. Tundra Center received a waiver from the AKDOC to have a minimum of two staff on duty from midnight to 8 a.m. Of the 24 staff positions, 8 positions are vacant (33%). The security functions are supported through a Security Manager, Security Monitor II (shift supervisors 4), and Security Monitors (10). Other staff positions include the Facility Director, Case Managers (2), Office Support Specialist, Kitchen Manager, Cook Supervisor, Cook, Maintenance Technician, and Cultural Relevance Coordinator. All staff receive the same PREA training including first responder duties and can assist with staff coverage as needed. The Acting Facility Director stated the facility maintains an organization chart, a facility flow plan, and a staff schedule to assist with staff coverage and supervision scheduling and coverage. The Acting Facility Director stated the required coverage has always been met through overtime or assistance from supervisory and existing staff when needed to cover staff call-offs, vacancies, training, and leave requests. The agency and facility have established a constant recruitment process to attempt to fill vacancies. The Acting Facility Director stated it is a challenge to hire and retain staff, especially female staff, and the agency needs to develop a recruitment plan specific to the facility and the Bethel area.

The facility also utilizes video monitoring to supplement staff supervision. The fifty-one (51) cameras (12 exterior and 39 interior) are monitored through facility administration and the monitor station. The cameras provide twenty-four-hour monitoring of hallways, common areas, kitchen, recreation areas, medication room, dining hall, dayrooms of the resident apartments, and the exterior of the building. The system provides the security monitors with real time views of the camera footage enabling the staff to respond to any unusual activities. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the resident monitor's post sight lines. The Auditor identified a blind spot in the female recreation area. The facility purchased and installed a mirror to eliminate the blind supervision area.

The Acting Facility Director stated there has been no deviations from the staffing plan and required staff coverage has always been met through overtime or assistance from supervisory staff when needed to cover staff call-offs, vacancies, training, and leave requests. All overtime is documented. The agency and facility have established a constant recruitment process to attempt to fill vacancies. The Auditor reviewed the monthly shift roster for all shifts and determined the facility is ensuring staffing levels are being maintained in accordance with the standard. The facility's Acting Facility Director and Acting Security Manager meet daily review staffing daily to ensure mandatory posts are covered and make any staff schedule changes stated the Acting Facility Administrator. He also stated he reviews attendance logs and the clock-ins and outs of the staff.

The staffing plan, Annual PREA Facility Assessment - Reentry, was developed by the Acting Facility Director, Security Manager, Alaska Senior Area Manager, Vice President of Residential Reentry Services with input from the agency's PREA Coordinator. The Acting Facility Director stated the staffing level is also dictated by the contract with AKDOC which outlines the staffing level requirements which is considered during the staffing plan development. The last Annual PREA Facility Assessment was completed on September 10, 2020; and approved by the agency's Vice President of Residential Reentry Centers and the PREA Coordinator on September 22, 2020. The staffing plan notes that "several cameras need to be updated for better resolution but are functional; an estimate is currently being sought. Once an estimate is obtained, the facility will submit the CAP-Ex request." There were no other recommendations. The previous PREA Facility Assessments were completed on September 3, 2019, and October 17, 2018, and approved through the agency's PREA Coordinator and Vice President of Residential Reentry Centers. The facility's annual assessment must be submitted to the agency's PREA Coordinator for review annually as determined by each division. The written staffing plan is maintained at the facility and by the agency. The Acting Facility Director stated staffing levels and the physical plant of the facility is reviewed during the annual assessment. He also stated the review includes the review of staffing levels and schedules; consideration of program/activity times for staff coverage; the prevalence of substantiated and unsubstantiated allegations and how to limit staff contact involved in the incidents; and there was no incident pattern identified during their after-action reviews. As part of the physical plant, the female housing rooms are located in a hallway separated from all male housing by administrative offices and the security monitor station.

The facility management and mid-level supervisors are to conduct and document unannounced rounds by agency policy. The agency policy 5.1.2-A states, "Facilities shall implement a policy and practice requiring department heads, Facility management staff and supervisors to conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Such policy and practice shall be implemented no less than once per week for U.S Corrections and Detention and no less than once per month for Residential Reentry for all shifts." The facility's policy states, "The Tundra Center facility management staff and mid-level supervisors will conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Rounds will be conducted in a staggered method as to be unpredictable and unexpected by front-line staff and/or residents. Tundra Center facility management staff and mid-level supervisors will document unannounced rounds a minimum of once a month for each shift using the PREA Unannounced Supervisor Rounds Form. All areas of the facility will be observed during each walkthrough and signed off at minimum by the PREA Compliance Manager." The Auditor reviewed the PREA Unannounced Supervisor Rounds forms which were completed daily on each shift. Resident

supervision is conducted through hourly rounds in each housing areas and documented in a binder logbook in the monitor station by shift supervisors and security monitors. The PREA Unannounced Supervisor Rounds form requires the staff member conducting the rounds to review opposite gender announcements, PREA signage, cross-gender viewing area concerns, and staff/resident communications. There is a space for general comments and any concerns to be noted.

The agency's policy 5.1.2-A and the facility's policy 2019-1 state, "Employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the Facility." This policy is covered with staff during training. The staff and residents interviewed confirmed that supervision rounds are conducted hourly.

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 NA
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No NA

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-4 Resident Searches, Viewing, and Contraband address resident pat-searches, strip searches, body cavity searches, and the limits to cross-gender viewing and searches. The agency policy 5.1.2-A states, "Cross-gender strip searches are prohibited except in exigent circumstances. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners. Facilities shall not permit cross-gender pat-down searches of female individuals in a GEO Facility or Program, absent exigent circumstances. Facilities shall not restrict female Individuals in a GEO Facility or Program access to regularly available programming or other outside opportunities in order to comply with this provision. Facilities shall document and justify all cross-gender pat-down searches of female Individuals in a GEO Facility or Program. Facilities shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of individuals in a GEO Facility or Program." The facility's policy 2019-4 states, "Should staff believe that a resident is

attempting to introduce contraband to the facility a pat search may be conducted. These searches will also be conducted for those persons returning to the facility from work, job search, or other locations outside the facility. Searches shall be conducted in a professional manner that maintains the respect and dignity of the client. A staff member of the same gender will conduct the pat search and document it on the pat search log. Resident strip searches and body cavity searches are prohibited and not conducted at Tundra Center. The Facility Director will request authorization to remove the offender from the program and place in close custody only when there is a reasonable suspicion that the resident is in possession of contraband and/or prohibited property and the resident is refusing to voluntarily surrender the item(s)."

The agency and facility policies prohibit strip searches except in exigent circumstances and all cross-gender pat-searches. The facility only allows a pat-search if staff believe a resident is attempting to introduce contraband to the facility and for residents returning to the facility from work, job search, or other locations outside the facility. A staff member of the same gender will conduct the pat search. This was observed during the on-site audit, that staff of the same gender conducted pat searches of the residents entering and exiting the facility. If a cross-gender pat search or strip search would occur in an exigent circumstance, the search is to be documented on the search log. Female residents are not denied access to regular programming or other outside opportunities in order to comply with this provision. The facility always has male and female staff on each shift as demonstrated on the shift rosters and in the interview with the Acting Facility Director. Resident strip and body cavity searches are prohibited. There was no cross-gender strip searches, visual body cavity searches, or pat-down searches conducted or logged for exigent situations during the audit period. A memo to file from the Acting Facility Director stated, "Tundra Center does not permit strip searches and visual body cavity searches, per contract." Two staff were interviewed for the Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches interview protocols to verify process. Both the staff members stated cross-gender strip or body cavity searches are not conducted by policy. If there was a reason to conduct this type of search, the resident would be returned to the jail for the search. The female resident interviewed stated there was no time she could not participate in activities outside her housing room because a female staff was unavailable to conduct a pat-search. All activities for female residents occur in the female resident housing hallway. The female resident and staff acknowledged there is always a female staff present at the facility. The pat-search process and practices were confirmed through the observations of pat-searches and interviews with staff and residents.

The policies and practice allow all residents the opportunity to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Each male and female restrooms provide privacy for residents through toilet stalls with doors, shower stalls with curtains, and the male restroom has half wall dividers at the urinals. The agency policy 5.1.2-A states, "Each Facility shall implement policies and procedures which allow individuals in a GEO Facility or Program to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. Facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any areas where individuals in a GEO Facility or Program are likely to be showering, performing bodily functions, or changing clothes." The facility's policy 2019-4 states, "All residents shall be required to change their clothes in the resident bathroom area. Residents have the right to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances (such as a medical

emergency where same-gender staff are not available to render fast aid). In the event a staff has observed an opposite-gender resident for any reason, the staff member is responsible for making an immediate report and submitting a written statement describing the circumstances that resulted in the incident. This report must be submitted to the Facility Director prior to the end of the employee's work shift."

Staff are required to conduct cross-gender announcements upon entering a dorm. The facility's policy 2019-4 states, "Facility staff is required to loudly announce their entrance into a dorm housing residents of the opposite gender. Likewise, staff members are prohibited from entering the restroom area in opposite-gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed." Staff indicated they announce male/female on the floor prior to entering a housing and bathroom area. This was observed during the on-site audit. Residents interviewed stated that staff announce when entering a housing room or restroom by stating female/male on the floor. The opposite gender staff can't enter a restroom area until announced and gain verbal assurance from the resident that they are fully clothed. If an opposite gender viewing occurred, the staff member must complete a written incident report describing the incident immediately and forward to the Facility Director. The incident report has to be completed by the end of the shift. Residents felt they received a sense of privacy for these functions. This practice was confirmed through interviews with residents and staff.

The agency's policy 5.1.2-A states, "Staff shall seek to identify individuals who are transgender or intersex upon delivery to a GEO Facility or Program during intake processing, based on available information from the client, the individual (including the individual's stated gender identity, if any), and as developed by staff. When staff identifies an individual as transgender or intersex during intake processing, staff shall place the individual in a holding cell or area to provide for the individual's safety and to provide the individual with a measure of privacy pending further review. Facilities shall not search or physically examine a transgender or intersex individual in a GEO Facility or Program solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the individual, by reviewing medical records or by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Interviews with staff confirmed these practices, as well as the review of the policy and training lesson plans reinforcing these policies during the annual training. There were no transgender or intersex residents to interview during the audit process.

The agency policy 5.1.2-A states, "Security staff shall be trained to conduct cross-gender pat-down searches and searches of transgender and intersex individuals in a GEO Facility or Program in a professional and respectful manner. Unless client written mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the Facility Administrator: searches only conducted by medical staff; searches conducted only by female staff; or asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. If this option is utilized, the preferred option will be documented on the Statement of Search Preference form." Other than annual training, this training is also part of the initial pre-service training and covered in staff meetings. The facility utilizes the lesson plan Prison Rape Elimination Act (PREA) In-Service for providing training on searches and the agency's lesson plan Guidance in Cross Gender and Transgender Pat Searches. The Prison Rape Elimination Act (PREA) Basic Training Acknowledgement Form is utilized for documenting staff training. The review of the training lesson plans

reinforcing these policies in the annual training documented the training component. Although the PAQ noted that all staff had completed training; the majority of staff interviewed were not aware of the proper method for transgender pat-down searches and stated they had not received training on transgender and cross-gender searches. There was no documentation that staff were trained on cross-gender or transgender pat-down searches. A search of a transgender or intersex resident would be documented on the Statement of Search Preference Form.

Did Not Meet: Staff interviewed were not aware of the proper method for transgender pat-down searches and stated they had not received training on transgender and cross-gender searches. There was no documentation that staff were trained on cross-gender or transgender pat-down searches.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the proper method for transgender and cross-gender searches. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

A memo to file from the Acting Facility Director stated, "Tundra Center does not permit strip searches and visual body cavity searches, per contract."

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*)

The agency's policy 5.1.2-A and facility policy 2019-2 PREA Intake and Orientation has established procedures to provide disabled and limited English proficient residents' equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency policy 5.1.2-A states, "Facilities shall ensure that individuals in a GEO Facility or Program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GEO shall ensure that all of its Facilities provide written materials to every individual in a GEO Facility or Program in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision." The facility policy 2019-2 states, "Tundra Center shall ensure that offenders with disabilities (i.e., those who are deaf hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility shall provide written materials to every offender in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision."

PREA information is available in English and Spanish through the PREA Educational Manual for Residents and the Resident Reporting Options poster and also available in large print. The PREA- What You Need to Know video was available in English, Spanish, and closed-captioned as needed. The facility utilizes telephonic TTY services to aid staff in communicating important information to a deaf or hard of hearing resident upon intake screening and through their entire period of housing, as well as written materials. For residents with low vision or intellectual disabilities, staff is trained to assist the residents by reading PREA information to them, listening to the PREA video, and using enlarged fonts to assist their comprehensive of education, policies, and procedures. Staff indicated they would read information to the resident if needed. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. Staff would spend extra time to ensure the resident understands the basics to include definitions, zero tolerance, and reporting information. The facility utilizes bilingual, English, Spanish, and Yupik speaking staff to provide instructions and assistance based on the preferred language of the resident. Residents requiring assistance in other languages or when a staff interpreter is not available, the resident will be provided interpretation services through a telephone interpretation services. The GEO Group has a contract with Language Line Services Inc for interpretation

services, effective September 23, 2013. Information is made available to staff who are responsible for conducting the PREA risk screening and supervisory level staff. Staff are trained on the use of the interpreting services during pre-service, in-service training, and regular scheduled staff/department meetings. The facility is also provided with a Quick Reference Guide by Language Line Services to assist. There were no residents with disabilities or limited English proficient to interview during the audit process. The residents spoke and understood English although the majority of residents native language was Yupik. The staff interviews indicated that staff were aware how to provide meaningful access to residents on all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in a manner they could understand.

The Agency Head's interview and the agency and facility's policies state the agency does not use residents as interpreters, readers of other types of offender assistants. The Agency Head indicated the agency/facility would also reach out to community-based resources (i.e., local colleges or organizations) that might be willing to assist. The agency and facility's policies outline residents shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties, or the investigation of the offender's allegations. Any use of these interpreters under these type of circumstances shall be justified and fully documented in writing. Numerous staff interviewed stated they would resident interpreters. A memo to file from the Acting Facility Director stated, "Tundra Center has not had any hearing-impaired residents who required assistance nor have residents been utilized as interpreters, readers, or assistants for PREA issues during the review period."

Recommendation: Numerous staff indicated they would use resident interpreters. Staff need refresher training on policy prohibiting the use of resident interpreters except in limited circumstances where an extended delay in obtaining as effective interpreter could compromise the resident's safety.

Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the use of interpreters, which states resident interpreters, resident readers, or other types of resident assistants may not be used; and an exception is made when waiting for an interpreter compromises resident safety, first responder duties, or an investigation. All exceptions must be fully documented. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training.

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*)

Through review of the agency's policy 5.1.2-A and facility policy 2019-1 PREA Staffing and Facility Requirements, it was determined that the facility has established a system for conducting criminal background checks for new employees, contractors, and volunteers who have contact with residents to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. The agency's policy

states, "GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or the community. Facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO Facility or Program." The facility's policy states, "Tundra Center is prohibited from hiring or promoting anyone (who may have contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community. Tundra Center shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with residents."

The employment application form, GEO Employment Form, requires the employee to answer the administrative adjudication questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. The agency's employment application was updated in March 2018 with the three questions. This application form is utilized for new hires. Staff must complete the Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer for any promotions. The Office Support Specialist (Human Resource staff from Parkview Center) interviewed indicated this information is checked on all applicants as part of the hiring and promotion process during the background check. Six new employees were hired during the audit period. The Auditor reviewed seven employee personnel files, three new hires, a promotion, and three current employees. The Auditor's review of the personnel files showed the files had limited information. At the time of the on-site audit, the employee personnel binder could not be found which contained background checks and PREA training for each staff member. The Office Support Specialist had resigned, this position was responsible for maintaining the personnel files. The Acting Facility Director and the agency's Regional Program Performance Manager shared that during the agency's audit it was identified that PREA paperwork for staff was not filed, and some paperwork could not be found. The regional office and the Office Support Specialist from Parkview Center obtained the background check and the administrative adjudication checks completed as part of the application form when hired and/or promoted from the agency level and provided it to the Auditor during and after the on-site visit to demonstrate compliance. There were no contractors hired during the audit period. The documents and interviews demonstrated GEO and the facility considers incidents of sexual abuse/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 agency's policy 5.1.2-A and facility's policy 2019-1 states, "Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years." The Office Support Specialist interviewed indicated the agency utilizes a third-party company, Accurate/Career Builder, for initial background checks and the background checks required every five years. The agency's Human Resources office sends out a notice to the employee to request the employee to submit information through the human resource system to complete the five-year background checks. Background checks are also conducted through AKDOC prior to an employee, and/or contractor being approved for hire, or a volunteer approved to provide services and required the

five-year background check. The Office Support Specialist stated the facility is notified by AKDOC when the background check is cleared and the approval for hiring. The Auditor randomly selected seven employee files to review for the criminal background checks prior to hiring. Background checks and initial background checks were not provided in 4 of the 6 employees' files. During the on-site review and documentation provided after the audit demonstrated background checks were completed prior to the hiring date. Of the seven employee files reviewed, only two employees had the length of service that required a five-year background check and the five-year background checks were completed every five years. A memo to file from the Acting Facility Director stated, "Tundra Center had no 5-year background checks due in 2021."

The agency's policy 5.1.2-A states, "GEO shall ask all applicants and employees who may have contact with individuals in a GEO Facility or Program directly about previous sexual abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct." The facility's policy 2019-1 states, "Employees are required to provide a continuing affirmative duty to disclose any such conduct and/or allegations to the Facility Administrator. Material omissions regarding such misconduct, or the provision or the provision of materially false information, shall be grounds for termination." Employees also have a continuing affirmative duty to report. The requirement is to report immediately to the Facility Director who informs the agency and AKDOC, if necessary. The Office Support Specialist stated that the continuing affirmative duty to report is also accomplished annually during the annual performance review of employees with staff completing the PREA Disclosure and Authorization Form Annual Performance Evaluation form. The staff member completes the acknowledgement form containing the three administrative adjudication questions prior to the completion of the evaluation. The Auditor randomly selected seven employee files to review for the affirmative duty to disclose as part of the annual performance review. Five of the seven employee files had completed PREA Disclosure and Authorization Form Annual Performance Evaluation form. Documentation provided after the audit demonstrated PREA Disclosure and Authorization Form Annual Performance Evaluation forms were completed prior to the hiring date. Three employees were newly hired, and an annual performance review with the PREA Disclosure and Authorization Form Annual Performance Evaluation form was not required yet. The Office Support Specialist stated if there was an employee that affirmatively answered one of the administrative adjudication questions on the employment application the employee would not be hired by the agency and if during the annual performance the information would be shared with the Facility Director for further action.

Did Not Meet: Personnel files did not contain documentation to ensure the three administrative adjudication questions were asked on the employment application or during the interview questions to ensure the facility does not hire or promote individuals who have engaged, been convicted of engaging or attempting, or has civilly or administratively adjudicated to have engaged in sexual abuse and incidents of sexual harassment. Background checks were not provided in 4 of the 6 employee's files. There was no documentation to demonstrate the facility asks all applicant and staff who have contact with residents directly about previous misconduct in in any applications or interviews for hiring and promotion and through interviews or written self-evaluation conducted as part of the reviews of current employees.

Compliance Action Taken: The agency and facility provided the personnel forms/documents that were not available in the personnel files during the on-site audit. Documentation provided included the Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation forms,

GEO Employment Form (employment application), and State of Alaska Department of Corrections Waiver and Authorization to Release Information forms (background check form). The Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation forms which documents staff are asked the three administrative adjudication questions as part of the written annual performance evaluations. Each applicant completes the GEO Employment Application which asks the three administrative adjudication questions during the hiring process. The State of Alaska Department of Corrections Waiver and Authorization to Release Information forms documented the background check and the AKDOC approval for hire. The provided documentation demonstrated substantial compliance.

The employment application contains a statement indicating the applicant agrees not to falsify or omit information. If the applicant does falsify or omit information, employment can be denied, or the person will be subject to immediate termination. This was confirmed during the interview with the Office Support Specialist who stated that an individual would not be hired or would be terminated for falsifying information. During the review of the employee personnel files, the wording was verified on the employee application forms. The policy 5.1.2-A and the facility's policy 2019-1 states, "Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination." There were no staff terminated for false information or omitting information during the audit period.

The agency's policy 5.1.2-A and facility's policy 2019-1 states, "Unless prohibited by law, GEO shall 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 Office Support Specialist interviewed stated all information personnel informational requests are handled through the corporate office. The agency's Human Resources Section will contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation during an investigation. If contacted by an outside employer, the staff must sign a release of information prior to the agency disclosing information to the requesting employer.

The agency and facility exceed the standard for the extensive background process completed by the agency and AKDOC.

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*)

The agency's policy 5.1.2-A states, "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." The facility's policy 2019-1 states, "GEO Reentry Services Division 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 residents from sexual abuse." The facility has not made a substantial expansion or modification to the existing building or upgrade in video monitoring system since the previous audit per the Acting Facility Director and the PAQ. The Agency Head stated, "In every facility acquired by the company, we thoroughly assess the institutions for needed security enhancements in both fiscal plant construction and for procedure enhancements in the area of safety and security. Enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when we design and construct new facilities, our design/construction folks work closely with our experienced operational personnel to significantly improve the safety of our institutions. We are a team who routinely bring operational expertise when designing/modifying facilities. Security and safety of our inmates and staff is at the forefront of every decision made by our company. We fully understand the intent and language within the PREA guidelines. GEO has a zero tolerance for any sexual abuse within our facilities and does everything possible to design and run facilities which protect inmates from abuse. Since the release of the new federal standards, we have allocated funds to shower modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. We acquire facilities which are at times older in construction and not optimal by today's standards. Our company leadership spends the money needed to make proper modifications to enhance safety. Our Corporate PREA team works very closely with our Corporate Project Development team. If design issues are detected during internal or external site visits, we use a team approach to address and correct the issue."

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of residents, visitors, and staff inside and outside of the buildings. The facility utilizes a video surveillance system with fifty-one (51) cameras; 12 exterior and 39 interior. The cameras provide twenty-four-hour monitoring of hallways, common areas, kitchen, recreation areas, medication room, dining hall, dayrooms of the resident apartments, and

the exterior of the building. The system provides the security monitors with real time views of the camera footage enabling the staff to respond to any unusual activities. The 2020 Annual PREA Facility Assessment was completed on September 10, 2020; and noted that "several cameras need to be updated for better resolution but are functional; an estimate is currently being sought. Once an estimate is obtained, the facility will submit the CAP-Ex request." There were no other recommendations.

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*)

The agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection outlines the investigative process and the uniformed evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. The agency policy 5.1.2-E states, "Facilities that are responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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." The facility/agency only conducts administrative investigations. An administrative investigation would begin immediately following an allegation and notification made to AKDOC who may also conduct an administrative investigation. The agency's PREA Reentry Services Division Coordinator assigns investigative cases for all allegations at the facility. The administrative investigations are completed by agency specialized trained investigators located in Anchorage. Depending on the severity of the allegation, the investigators may start the investigation from the Anchorage office through remote interviews, document reviews, and review of uploaded video. The Investigator may be directed to the location immediately, usually within 24 hours per the Investigator's interview. If criminal in nature, the Bethel Police Department and/or the Alaska State Troopers will be notified and conduct the criminal investigation. The agency utilizes the Department of Justice (DOJ's) National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition for the uniform evidence protocol as indicated by the policy. The protocols are incorporated into the agency and facility's PREA Coordinated Response Plan. The PREA Coordinated Response Plan provides an extensive guideline for staff to follow for investigations including preserving and obtaining usable physical evidence and referring an allegation for investigation. The Investigator interviewed understood the protocols for obtaining usable physical evidence. The random staff stated the area where the allegation occurred would be secured to protect evidence until an investigator arrived on scene and the residents would be separated. There were not consistent staff interviews regarding the protocol for obtaining physical evidence when a resident reports an allegation of sexual abuse. Numerous staff were not aware they should ask involved residents not to destroy evidence including not washing, bathing, brushing teeth, and changing clothes. This information is provided to the staff on the PREA Staff's Responsibility Card which addresses obtaining physical evidence which the staff are issued and responsible for carrying on them. The Auditor interviewed the agency's Investigator who oversees the investigation process and conducts resident-on-resident and staff-on-resident administrative investigations. The interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process and the uniformed evidence protocol. The facility does not house youthful residents/juveniles.

Did Not Meet: Staff were not aware of the agency's protocol for obtaining usable physical evidence if a

resident alleges sexual abuse.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the proper method for obtaining usable physical evidence is a resident alleges sexual abuse. The staff are issued and responsible for carrying on them the PREA Staff's Responsibility Card which addresses obtaining physical evidence. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

Recommendation: Staff were not aware of who conducts sexual abuse investigations. The facility must provide refresher training with staff and provide documentation of the training.

Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the criminal and administrative investigation process including the investigating responsible party. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training.

The agency's policy 5.1.2-E states, "Facilities shall offer all individuals in a GEO facility who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available." The facility's policy 2019-6 states, "Victims/Abusers shall either be transported to a local community facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the facility to conduct the examination. All refusals of medical services shall be documented." All emergency medical services and forensic examinations are conducted off site at the local hospital, Yukon Kuskokwin Health Corporation. The International Association of Forensic Nurses website verifies a SANE program at the Yukon Kuskokwin Health Corporation in Bethel Alaska. The facility's policy 2019-6 states, "Tundra Center will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the sexual abuse while in custody. The PREA Compliance Manager shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements." The agency has attempted to enter into an agreement with Yukon Kuskokwin Health Corporation for SAFE/SANE, emergency medical treatment, and behavioral healthcare services with no success. The last attempt prior to the on-site audit was May 28, 2021. It was stated the medical and behavioral health crisis intervention services at the local hospital would be provided to facility residents just like any community resident. The hospital provides 24-hour behavioral health crisis intervention through the emergency department. The behavioral health crisis intervention provides ongoing counseling and support for the residents at the facility. The hospital has not entered into an agreement of memorandum of understanding, although the agency has attempted. The Acting Facility Director confirmed the practice for transporting a resident to the local hospital for forensic exams.

A memo to file from the Acting Facility Director noted "Tundra Center had no incidents which would require SAFE/SANE or victim advocacy services during the review period." There were two allegation of sexual abuse reported during the audit period; neither incident required outside medical services or a forensic medical exam.

The agency's policy 5.1.2-E states, "A victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. Upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The victim advocate may not obstruct or interfere with the course of the investigation in any manner and will not serve as a translator. GEO facilities may not utilize facility employees as victim advocates unless the following documentation exists, documentation is on file that no other alternatives are available in the community; and documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general." The facility's policy states, "Following a reported PREA allegations, a Resident Referral Verification form for referral to on site or off-site mental health services will be utilized to document the offer made to the resident victim and the acceptance or refusal of services." The Yukon Kuskokwin Health Corporation would provide behavioral crisis intervention and emotional support services for a resident if the resident consents. The hospital provides 24-hour behavioral health crisis intervention through the emergency department. The behavioral health crisis intervention provides ongoing counseling and support for the residents at the facility. The victim advocacy services contact information is provided to the residents in the PREA Education Manual for Residents which states, "The Facility will provide you with the support and assistance of a Victim Advocate during the exam and investigation process upon your request. A Victim Advocate can help you understand the investigation processes, be with you during investigation interviews, provide you with moral support, and refer you to other services." The facility has a MOU agreement with Tundra Women's Coalition dated June 2021 to provide outside confidential emotional support services for the residents. The MOU outlines the victim advocacy services provided include 24 hour hotline assistance and will contact the facility in the event that the victim consents to anonymously reporting the allegations back to the facility only with the express verbal or written consent of the resident which will be documented by the advocacy agency; in person response and support at the hospital; counseling support, individual therapy, groups for victims; court advocacy; referral to hospitals that are SAFE and/or SANE providers; work with the appropriate law enforcement agency assigned jurisdiction for the case; comply at all times with applicable Federal, State and Local Laws and other regulatory and certification requirements; and protect the identity and confidentiality of all sexual assault victims. The Acting Facility Director confirmed the practice of offering and making available victim advocacy services for residents.

All allegations of sexual abuse that include penetration or touching of the genital areas are referred to an outside law enforcement agency per policy 5.1.2-E. The facility's policy 2019-6 states, "Tundra Center shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities for each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a Law Enforcement MOU shall be documented and retained by the facility." The outside law enforcement agencies responsible for criminal investigations for the facility are the Bethel Police Department and/or the Alaska State Troopers. An MOU attempt with the Alaska State Troopers was made from the regional office for all the facilities under the same contract with AKDOC,

however, there was no response received. The Acting Director shared the former Facility Director received a verbal declination from the Bethel Police Department to enter into a MOU, but they said they would respond to reports of sexual abuse if criminal conduct was indicated. There was no documentation to demonstrate the facility requested outside agencies to follow the standard elements for investigations.

Did Not Meet: There was no documentation to demonstrate the facility requested outside agencies to follow the standard elements for investigations.

Compliance Action Taken: The regional office contacted the Bethel Police Department on July 22, 2021, through email to request the Bethel Police Department to follow the standard requirements when investigating a sexual abuse allegation. The email also requested the Bethel Police Department to enter into an agreement in terms of mutual aid in the event of a PREA incident at the facility. The facility has not received a response from the Bethel Police Department. The provided documentation requesting the Bethel Police Department to follow the standard requirements demonstrated substantial compliance.

Recommendation: The facility should attempt to develop a MOU or agreement with the Alaska State Troopers to outline the investigative process requirements of the standard.

There were two allegations of sexual abuse reported during the audit period. One was a resident-on-resident that was determined substantiated. The AKDOC was notified of the incident and AKDOC authorized GEO to complete the investigation. The investigation was completed a specialized trained investigator. The case was not determined criminal and therefore was not referred to an outside agency. The Auditor reviewed the closed investigation file. The other allegation was staff-on-resident which was still under investigation. The incidents did not require outside medical services or a forensic exam.

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*)

The agency's policies 5.1.2-A and 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection outlines the procedures for investigating and documenting incidents of sexual abuse. The agency's policies 5.1.2-A and 5.1.2-E state, "Each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals." The facility only conducts administrative investigations. The facility is to begin an administrative investigation immediately following an allegation. Once an allegation is reported and the Facility Director is notified, an investigation would be started immediately. The Facility Director notifies the agency's corporate office and the AKDOC. The agency's PREA Reentry Services Division Coordinator assigns investigative cases for all allegations at the facility. The administrative investigations are completed by agency specialized trained investigators located in Anchorage. Depending on the severity of the allegation, the investigators may start the investigation from the Anchorage office through remote interviews, document reviews, and review of uploaded video. The Investigator may be directed to the location immediately, usually within 24 hours per the Investigator's interview. If determined criminal, the Bethel Police Department and/or the Alaska State Troopers would be contacted to conduct the criminal investigation. The Agency Head stated, "An administrative or criminal investigation is completed for all allegations of sexual abuse or harassment as required by our Corporate and local facility policies. Based on client contract requirements, an

investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator required by our Corporate and local facility policies.” He also stated, “We have a cadre of staff in our division that have received PREA Specialized Investigations Training. We also utilize local, state, or federal agencies to investigate these type allegations as well, based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.” During the Investigator’s interview, the Investigator stated investigations are completed on all allegations either administratively by the agency or criminal investigations by outside agencies. He stated the investigation would be started immediately after a notification following a report of sexual abuse or harassment.

There were two allegations of sexual abuse reported during the audit period. One was a resident-on-resident that was determined substantiated. The AKDOC was notified of the incident and AKDOC authorized GEO to complete the investigation. The investigation was completed a specialized trained investigator. The case was not determined criminal and therefore was not referred to an outside agency. The Auditor reviewed the closed investigation file. The other allegation was staff-on-resident which was still under investigation. The incidents did not require outside medical services or a forensic exam.

On the agency’s website, www.geogroup.com/PREA, is a page dedicated to PREA under the Social Responsibility tab. The webpage contains the company’s policies 5.1.2-A and 5.1.2-E for public information. The page also contains the zero-tolerance policy, how to report sexual abuse or sexual harassment, and how an employee may report sexual abuse or sexual harassment. There is a paragraph that explains the investigation process which states if the allegation potentially involves criminal behavior, GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The policy 5.1.2-E also provides the protocols for sexual abuse investigations.

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 N/A

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*)

The agency's policy 5.1.2-A and training curriculum Sexual Abuse and Assault Prevention and Intervention (PREA) address all the PREA requirements and outlines the training requirements. The agency's policy 5.1.2-A states, "All employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Each facility shall train all employees who may have contact with individuals in a GEO Facility or Program on its 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; individuals in a GEO Facility or Program right to be free from sexual abuse and sexual harassment; the right of Individuals in a GEO Facility or Program 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 individuals in a GEO Facility or Program; how to communicate effectively and professionally with individuals in a GEO Facility or Program, including LGBTI or gender non-conforming individuals; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Employee training shall be tailored to the gender of the individuals in the GEO Facility or Program at the employee's facility, and employees shall receive additional training if transferring between facilities that house individuals of different genders." The training curriculum reviewed indicated the training includes the zero tolerance policy; definitions and examples of prohibited and illegal sexual behavior; right of residents and staff to be free from sexual abuse and from retaliation for reporting of prohibited and illegal sexual behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; and requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

The initial pre-service training occurs prior to assignment beginning at the facility. The pre-service training includes a four-hour section, Prison Rape Elimination Act (PREA). All employees are also provided annual in-service training to ensure training is refreshed each year of service including the Prison Rape Elimination Act (PREA) refresher training. The agency's policy 5.1.2-A states, "PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to sexual abuse and sexual harassment policies." Each employee is required to attend in-service annually. Staff also receive PREA Cross-Gender Training. During the staff interviews, half of the staff acknowledged receiving annual PREA training and training prior to assignment. These staff during interviews acknowledged the numerous methods they received training including staff meeting and understood their

responsibilities for preventing, detecting, and responding to allegations of sexual abuse. The other half of the staff interviewed stated they were not provided PREA training. These staff were not able to discuss the required training elements and noted they did not know the information. The Pre-Audit Questionnaire indicated all staff had completed training. After staff interviews and review of seven employee training records; the Auditor could not determine all facility staff had received PREA training. Of the seven employee training files, only two of the files had documented PREA training. As noted earlier in the report, the Office Support Specialist had resigned, this position was responsible for maintaining the personnel files including training. The Acting Facility Director and the agency's Regional Program Performance Manager shared that during the agency's audit it was identified that PREA paperwork for staff was not filed, and some paperwork could not be found. The regional office and the Office Support Specialist from Parkview Center obtained the initial PREA training records provided it to the Auditor after the on-site visit to demonstrate compliance. The annual PREA training could not be verified. To reinforce training, each staff member is provided and must carry the PREA Staff Responsibility Card; that outlines general PREA information and first responder duties.

The agency's policy 5.1.2-A states, "Unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Pre-service and Annual In-service PREA Training." Staff document the completion of training through a signature and date on the individual PREA Basic Training Acknowledgement Form which is also signed and dated by a witness. The PREA Basic Training Acknowledgement Forms were not in five of the seven employee files reviewed to document PREA training.

Did Not Meet: Half of the employees interviewed stated they were not provided training in PREA. The staff were not able to discuss the training elements and noted they did not know the information. Staff have not completed PREA training every two years or as required by the standard or annually as required by agency policy. The facility could only demonstrate one training that was conducted this year.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. This completed the annual training of all employees at the facility. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

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*)

All contractors and volunteers who have contact with residents receive PREA training prior to assuming their responsibilities. The agency policy 5.1.2-A states, "All employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Each Facility shall ensure that all volunteers/contractors who have contact with Individuals in a GEO Facility or Program are trained on their responsibilities under GEO's sexual abuse and harassment prevention, detection, and response policies and procedures. Volunteers/Contractors who have contact with individuals in a GEO Facility or Program shall receive annual PREA refresher training. Unless client mandates require electronic verification, volunteers/contractors shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Annual PREA refresher Training." The training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed of how to report such incidents. During the facility's orientation, the volunteers and contractors receive PREA education through the PREA Education Packet, Sexually Abusive Behavior Prevention and Intervention Program Orientation and Training. This training is completed prior to the individual providing services to residents. The training covers the responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and responding policies and procedures; inmate's rights with regard to freedom from sexual abuse and sexual harassment; the rights 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; how to detect and respond to signs of threatened and actual sexual abuse; ways to avoid inappropriate relationships with residents and the consequences of an inappropriate relationships; and ways to communicate effectively and professionally with residents of all gender identities.

The facility has not utilized a volunteer or contractor during the audit period due to COVID protocols. It was shared by the Acting Facility Director that the facility will ensure that all contractors and volunteers will have refresher training prior to returning to the facility to provide services. There were no

volunteers/contractors available during the on-site audit to interview due to the COVID pandemic protocols or training files.

A memo to file from the Acting Facility Director states, "Tundra Center has not had any volunteers or contractors during the review period."

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*)

The facility provides a comprehensive PREA education to the residents beginning at intake into the facility. The agency's policy 5.1.2-A and the facility's policy 2019-2 PREA Intake and Orientation address the PREA education requirements for residents. The agency's policy 5.1.2-A states, "Within 24 hours of arrival, Community Confinement Facilities shall provide each individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the company's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. Community Confinement Facilities shall provide refresher information whenever an individual in a GEO Facility or Program is transferred to a different facility. The comprehensive education shall include information on individual's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents." The facility's policy 2019-2 states, "The offender will be provided with written information (i.e., handbooks, pamphlets, etc.) on the company's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. Each offender will be issued a "PREA Resident Education Manual" within 24 hours and sign an acknowledgment form verifying the have received the manual and understand the content of the materials provided. The facility PREA Compliance Manager will retain a copy of the signed "PREA Resident Education Manual Acknowledgement" form. The Tundra Center shall provide refresher information whenever an offender from another GEO facility is received to the facility. All current offenders in GEO

Reentry Services - Tundra Center will receive comprehensive education upon arrival or not to exceed 7 days from their intake. The comprehensive education shall include information on individual's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. The comprehensive education shall be delivered in person and via video format. At the conclusion of viewing the video, the offender shall sign an acknowledgement receipt and the facility PREA Compliance Manager will retain a copy of the "Resident Video Acknowledgement" form." The facility provides the resident PREA information in written and verbal instruction. At intake into the facility, the resident is provided PREA information after the risk screening. This information is provided verbally through a staff member who reads and explains all the PREA information to the residents. The residents watch the PREA - What You Need to Know video that covers the PREA information and staff verbally explains the information during this process. The resident is provided the PREA Education Manual for Residents (available in English, Spanish, and Yupik), for written education materials. The PREA Educational Manual for Residents includes what is sexual abuse; cross gender pat-searches, examples of sexual abuse; consensual sexual relationships are not permitted; prevention; reporting and investigation; what to expect after you report; sexual abuse grievances; emergency grievances; and reporting options and resources. The resident must sign acknowledging the information received on the Acknowledgement of Receipt of PREA Educational Manual Form which also outlines the zero tolerance, how to report, how to make a confidential report via phone and/or writing, and the right to be free from retaliation. The intake staff member interviewed stated the PREA educational information is provided as part of the intake process as soon as the resident arrives at the facility, usually within 20 minutes. The facility's policy requires the resident to be provided the PREA Resident Manual within 24 hours, which was documented in the ten of the twelve resident files reviewed. The two resident files during the agency's audit did not have the documented training and the Acting Facility Director had the training completed and documented with the resident. Although the facility's policy allows up to 7 days for comprehensive education, the education all occurs at admission to the facility. The Auditor observed the intake process of a resident including the PREA education training. The Auditor observed the security monitor reading the information to the resident, explaining the information, and providing the PREA Education Manual for Residents. The intake was completed in English as the language of the resident. The resident was not shown the PREA video. When asked why the video was not shown, the staff member stated the equipment was not working and was broken for some time. The security monitor also directed the resident to the informational posters on the walls. The education is documented on the Acknowledgement of Receipt of PREA Manual form that is signed and dated by the resident and staff member. This form also outlines the zero tolerance policy; the right to be free from sexual abuse and sexual harassment; the facility is committed to responding, investigating, and bringing all available resources to protect the victim; ensures the perpetrator will be held accountable; staff have received specialized training; reporting methods; reporting confidential; right to be free from retaliation and all reports are kept confidential except to the extent needed to conduct the investigative action and/or to the extent provided by law that would require the release of such information. The Acknowledgement of Receipt of the PREA Zero Tolerance and Resident Rights form documents the viewing and understanding of the PREA video, the PREA zero tolerance policy, PREA right to report, and free medical and mental healthcare. This form is also signed and dated by the resident and staff member. The resident maintains a copy of the forms. The resident also receives PREA education during orientation when a staff member reviews the PREA information and the PREA Education Manual for Residents again with the residents. This was observed by the Auditor.

Recommendation: The facility has not been providing education through the PREA video due to

equipment failure. The video should be shown as required by the agency's policy for PREA education for the resident.

Action Taken: The facility during the on-site audit repaired the video equipment. The facility completed PREA educational training with all residents who did not have documented training of viewing the video or documented training in their files. The training consisted of the residents viewing the video PREA – What You Need to Know and staff available to address facility specific education and address any questions. The facility provided the resident training forms that acknowledged the training of the zero-tolerance policy, right to report, and free medical and mental health care. The resident's signs the acknowledging the resident understands the information presented in the video. The acknowledgement forms were provided for the residents that did not have documented PREA education training and for new intakes to demonstrate the process.

During the audit period, 182 residents were admitted to the facility and the PAQ noted that all residents received education. If a resident was transferred, the resident would receive the same education as any resident that is admitted per policies 5.1.2-A and 2019-2. The majority of the residents are transfers from a AKDOC facility. The intake observed by the Auditor was of a resident being transferred from a AKDOC jail facility. The staff interviewed stated the education is the same for all admissions into the facility. The random residents interviewed acknowledged receiving education on the same day as intake into the facility through the video, handbook, and postings on the walls. They also acknowledged the information is covered again during orientation. The Auditor also reviewed eleven resident files; all the residents received PREA education on the day of admission to the facility. The education is documented on the Acknowledgement of Receipt of PREA Manual form and Acknowledgement of Receipt of the PREA Zero Tolerance and Resident Rights form.

The facility's policy 2019-2 states, "Sexual abuse and sexual harassment education shall be provided in formats accessible to all offenders, including those with disabilities and those who are limited English proficient. Each offender shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager. Designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. Staff shall document the use of these interpreter services as appropriate. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TTD) machine available. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print. For residents with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information. For those residents who are blind, staff shall read the information to these individuals. Staff shall be trained on the use of interpreters, interpreter services and other available resources as part of PREA training." PREA information is available in English, Spanish, and Yupik through the PREA Educational Manual for Residents and the Resident Reporting Options poster and also available in large print. The PREA - What You Need to Know video was available in English, Spanish, and closed-captioned as needed. The facility utilizes telephonic TTY services to aid staff in communicating important information to a deaf or hard of hearing resident upon intake screening and through their entire period of housing, as well as written materials. For residents with low vision or intellectual disabilities, staff is trained to assist the residents by reading PREA information to them, listening to the PREA video, and using enlarged fonts to assist their comprehensive of education, policies, and procedures. Staff indicated they would read information to the resident if needed. If a resident is

cognitively or intellectually disabled, staff will verbally explain the PREA materials at a simple level the resident can understand and ask if the resident understands. Staff would spend extra time to ensure the resident understands the basics to include definitions, zero tolerance, and reporting information. The facility utilizes bilingual, English, Spanish, and Yupik speaking staff to provide instructions and assistance based on the preferred language of the resident. The facility currently employs four staff who speak the local dialect. Residents requiring assistance in other languages or when a staff interpreter is not available, the resident will be provided translation services through a telephone translation service. The GEO Group has a contract with Language Line Services Inc for translation services, including ASL services, effective September 23, 2013. The translation service information is made available to staff who are responsible for conducting the PREA risk screening and supervisory level staff. Staff are trained on the use of the translation services during pre-service, in-service training, and regular scheduled staff/department meetings. The facility is also provided with a Quick Reference Guide by Language Line Services to assist. There were no residents with disabilities or limited English proficient to interview during the audit process. The majority of the residents were bilingual speaking Yupik as their native language and English.

The facility's policy 2019-2 states, "Key information related to sexual abuse and sexual harassment shall be provided to offenders on a continuous basis through readily available, handbooks, brochures, or other written materials. All residents shall be made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The "PREA Educational Manual" for residents contains reporting information and each resident will receive a copy prior to arrival or upon arrival during monitor orientation and sign an acknowledgement form which verifies the resident received the document." The residents have continuous and readily available PREA education through the PREA Educational Manual for Residents provided to each resident at admission. Information is also available through posters including the Resident Reporting Options throughout the facility. The PREA informational posters are posted in English and Spanish throughout the facility. The manual and posters are also provided in large print.

The twelve residents interviewed and during discussion with residents on the facility tour, residents acknowledged they have received PREA information upon arrival including the PREA Educational Manual for Residents, staff explaining PREA to them, and some residents acknowledged watching the PREA video. They were able to explain how to report an incident and were aware of the zero-tolerance policy. The residents also acknowledged the PREA educational posters throughout the facility.

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*)

The agency policy 5.1.2-A states, "Investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigators shall receive this specialized training in addition to the training mandated for employees. Facilities shall maintain documentation of this specialized training. Where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the Facility shall request documentation from the agency that it has provided such training to its investigators who conduct such investigations. Training documentation shall be kept on file at the

Facility.” The agency’s policy and lesson plan PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training lesson plan includes sections on identifying how trauma can affect a victim’s cooperation in an investigation; forensic medical exam process; role of the victim advocates; best practice and policy requirements on evidence collection in confinement settings; understanding of Miranda and Garrity; techniques for interviewing and interrogating during investigations of sexual abuse; criteria required for administrative action and prosecutorial referral; and what a final investigative report should contain.

The agency’s PREA Reentry Services Division Coordinator assigns investigative cases for all allegations at the facility. The administrative investigations are completed by agency specialized trained investigators located in Anchorage. The facility utilizes specialized trained investigators from the agency. The agency has four specialized trained investigators for Alaska. The investigators have completed the general PREA training and the required specialized training for investigators. The specialized training is a four-hour training with a test. The Investigator interviewed stated the specialized training was through GEO corporate conducted by the agency’s PREA Coordinator and a test had to be completed at the end of the training. He stated the training included the process of an investigation, how to conduct interviews, Miranda and Garrity warnings, evidence collection, and the criteria and evidence to substantiate an administrative investigative case. The specialty training was verified through the Investigator’s interview, the review of the training certificates, and Prison Rape Elimination Act Basic Training Acknowledgement form with signatures for the course.

The agency’s PREA Coordinator stated, “We have revised the specialized investigator training from a webinar format to an interactive (trackable) web-based curriculum. In addition, we have also developed web-based specialized investigator refresher training.”

A memo to file from the Acting Facility Director stated, “Tundra Center does not currently have an on-site PREA investigator, in the event an investigator is need, GEO corporate will assign one.”

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 N/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 preserve physical evidence of sexual abuse? Yes No N/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 respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No N/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 and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No N/A

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 N/A

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 N/A
- 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*)

The facility does not have medical and mental health staff. All residents are referred to the outside local medical providers for medical care and mental health services. All alleged victims of sexual assault who require a forensic exam are taken to the local hospital, Yukon Kuskokwin Health Corporation, for completion of the forensic exam, emergency medical healthcare, and mental health services with no cost to the resident.

The agency does have a policy that addresses specialized training for medical and mental health practitioners. The agency's policy 5.1.2-A states, "Each facility shall train all full-time and part-time

medical and mental health care practitioners who work regularly in its facilities on certain topic areas, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse responding professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. Facilities shall maintain documentation of this specialized training.” For GEO facilities with medical and mental healthcare staff, they receive specialized training for sexual abuse and sexual assault, through the lesson plan GEO Specialized Medical and Mental Health PREA Training. The lesson plan Specialized Medical and Mental Health PREA Training outline that training will include detecting signs of sexual abuse and assault; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse; and proper reporting of allegations or suspicions of sexual abuse and assault. The specialized training is an on-line course. GEO healthcare staff do not conduct forensic exams.

A memo to file from the Acting Facility Director states, “Tundra Center does not have any full/part-time medical or mental health staff onsite. Alaska Department of Corrections is responsible for resident medical care for residents who are in custody. Residents not in custody are referred for medical and mental health services offsite.”

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*)

The screening process for the risk of victimization and abusiveness is outlined in the agency policy 5.1.2-A and the facility's policy 2019-3 PREA Screening/Admission. The agency's policy 5.1.2-A states, "All individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO Facility or Program or being sexually abusive towards another individual in a GEO Facility or Program. This screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment. The intake screening shall consider, at a minimum, the following criteria to assess individuals in a GEO Facility or Program risk for sexual victimization: mental, physical or developmental disability; age; physical build; previous incarceration; if criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or gender nonconforming; if previously experienced sexual victimization; and his/her own perception of vulnerability. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive." The facility's policy 2019-3 states, "All offenders placed at the Tundra Center shall be assessed during intake (and/or upon transfer) for their risk of being, sexually abused by another offender residing at Tundra Center or being sexually abusive towards another offender residing at the Tundra Center."

This risk screening occurs at admission into the facility with the use of the GEO Reentry Facilities PREA Risk Assessment Tool. The risk screening is to be conducted within twenty-four hours per agency and facility policies. The staff member interviewed indicated that the risk screening will occur usually within an hour of arrival and definitely within a couple of hours utilizing the PREA Risk Assessment form. The facility had 184 residents admitted during the audit period, the PAQ indicated that risk screening was completed on all residents. The Auditor reviewed twelve resident files for the risk assessment tool; ten of the residents were screened on the day of arrival. Two of the files had risk screening were completed about 60 days after intake. Upon the agency's audit, they identified resident files that did not have risk screening forms completed. The Acting Facility Director had staff recomplete risk screenings on those residents. The Auditor interviewed both residents whose intake was recompleted about 60 days from intake, both residents acknowledged the initial risk screening occurred at admission to the facility. The residents interviewed stated the risk screening was conducted upon arrival at the facility.

The Reentry Facilities PREA Risk Assessment Tool conforms to the PREA standard requirements. The At Risk of Victimization section of the screening form includes questions regarding mental, physical, and developmental disabilities; age of the resident; physical build of the resident; whether the resident has been previously incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions against an adult or child; whether or not the resident has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; the residents own perception of vulnerability, and whether the resident has been approached for sex/threatened with sexual assault while incarcerated. The At Risk of Abusiveness section of the screening form includes questions of convicted sex offender with adult or child victim; history of domestic violence as a perpetrator; prior crimes of violence; incident reports for violent offenses while incarcerated; incident reports for sexual misconduct while incarcerated; and history

of prior sexual abuse perpetration while incarcerated. The risk screening tool is scored based on the number of affirmative responses. In section one for At Risk of Victimization, if a resident has three or more affirmative responses to questions in the section or affirmative responses to specific questions, the resident is scored at risk for sexual victimization. In section two for At Risk of Abusiveness, if a resident has three or more affirmative responses to questions in the section or affirmative responses to specific questions, the resident is identified for risk of abusiveness. During the observed risk screening of a resident at intake, the Security Monitor asked each question, provided clarifying information to the resident, and answered the resident's questions. The resident had no score for victimization or abusiveness. The resident signed the Risk Assessment Tool form acknowledging the answers were correct. The staff member stated scored for victimization or abusiveness, the Facility Director would be notified immediately, and a referral made to healthcare. A resident that scored at risk for victimization or risk for abusiveness are tracked on a PREA At-Risk Victimized log and residents who are identified from screening to be a potential abuser are tracked on a PREA At-Risk Abuser log. The form also documents if the resident requires a referral for medical or mental health services. The referral is noted on the risk assessment tool and the referral form Referral Verification. During the random resident interviews, the majority of residents indicated they were asked these questions on the day of their arrival. The Auditor reviewed the PREA Risk Assessment Tools within all twelve resident files and found all files compliant and ten were completed within the appropriate timeframes. Two were reconducted within sixty days due to lost paperwork.

The staff interviewed stated the resident's risks of victimization and abusiveness are reassessed within 30 days from the date of the initial assessment and any other time when warranted based on any additional, relevant information or following an incident of abuse or victimization. The agency's policy 5.1.2-A states, "Facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individuals in a GEO Facility or Program risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening." The facility's policy 2019-3 states, "Within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The facility shall use the approved GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment." The average time a resident is in custody is four months. Of the twelve residents' files reviewed, eleven residents were housed for a timeframe that required a reassessment. Nine of the reassessments were completed within the appropriate timeframe of thirty days, three were beyond the thirty days. The PAQ indicated that all 133 residents were reassessed of the 133 residents that had a length of stay of over thirty days. The majority of residents interviewed acknowledged being asked the PREA questions again by the case manager and it occurred within a few weeks after arriving at the facility. Staff interviewed stated the reassessment is usually completed within 15 days and the policy requires the reassessment to be completed within 30 days. The staff member also stated the reassessment is completed on the PREA Reassessment Form and then tracked in the computer.

The agency's policy 5.1.2-A and the facility's policy 2019-3 states, "Disciplining individuals in a GEO Facility or Program for refusing to answer or not providing complete information in response to certain screening questions is prohibited." Staff interviewed stated that disciplining residents for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The staff interviewed stated the resident does not have to answer questions and can refuse. If the resident refuses to answer, they will encourage the resident to answer by explaining it is help determine

housing placement to protect them.

The agency's policy 5.1.2-A states, "Facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other individuals in a GEO Facility or Program. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions." The facility's policy 2019-3 states, "The facility shall implement appropriate control on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other offenders. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility." The staff member stated all risk screenings and reassessments are forwarded to the Facility Director who maintains the files in his office and no one else sees them. The Acting Facility Director shared the PREA Compliance Manager (Facility Director) for the site is responsible for the dissemination of sensitive information; such information is only released to staff on a "need to know" basis. The paper files are under lock and key in the PREA Compliance Manager's office as observed by the Auditor. Other than the intake staff, the only other staff with access to resident files is the Security Manager, Case Manager, and the Facility Director. All information is on a need-to-know basis for review of the file. The agency's PREA Coordinator stated, "Only those who need to know to make housing, work assignments and programming/education decisions have access to a resident's risk assessment."

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*)

The agency's policy 5.1.2-A and facility's policy 2019-3 PREA Screening/Admission addresses the assessment process and the use of the screening information to determine housing, recreation, voluntary work, and other activities to ensure the safety of the resident. The agency's policy 5.1.2-A states, "Screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations. Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. PREA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location." The facility's policy 2019-3 mirrors the agency's policy language.

The staff member interviewed stated when the risk assessment indicates the resident scores as a potential victim or abuser, the Facility Director is called to determine what steps to take to move forward with housing and bed placement. If a resident is identified at risk for victimization or abusiveness, they are placed on a At Risk Log. The at-risk logs contain current housing locations and will be used to assist in making housing placements. With the facility's housing consisting of multiple occupancy rooms, if a resident is identified at high risk of sexual victimization or abusiveness, the resident screened for victimization are housed in a separate room from a resident that screens for abusiveness. The rooms will also be the farthest apart as possible. If a female resident, the resident will be separated by room assignment with the female wing. The interviews with the staff indicated that housing and program assignments are made on a case-by-case basis with consideration of the PREA risk factors and everyone is given consideration for their safety. In review of completed risk assessments in the resident files, the Auditor determined the facility is utilizing collected data, such as the residents physical characteristics (build and appearance), age, whether the resident has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the resident is perceived to be lesbian/gay/bi-sexual/transgender/intersex (LGBTI) or is gender non-conforming to determine housing, recreation, work, and other activity decisions. Through staff interviews and review of resident files, it was determined that the facility addresses the needs of the resident consistent with

the security and safety of the individual resident. The residents interviewed stated they felt safe in their housing placements within the facility. Of the twelve resident files reviewed, three of the residents were identified at risk for victimization. These residents were not housed with residents that screened for abusiveness. The Auditor interviewed the three residents and they felt safe in their housing placement. There was one resident-on-resident sexual abuse allegation which was substantiated, the victim remained in the facility and the abuser probation was revoked the next day and AKDOC returned the alleged abuser back in custody for a rule violation and admission of sexual misconduct. The facility maintained separation between the two involved residents until the abuser was transferred.

The agency's policy 5.1.2-A and the facility's policy 2019-3 state, "In making housing and programming assignments for transgender or intersex individuals in a GEO Facility or Program, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. In all facilities, housing and programming assignments for each transgender and intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual's own views with respect to his/her own safety. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the six-month reassessment." When a resident self-identifies during the intake process, the resident's views of his/her safety is given serious consideration in housing assignment. The staff member interviewed stated this is part of the intake process for everyone, everyone views are given consideration for their own safety. A case manager will meet with and reassess the transgender resident every six months utilizing the PREA Vulnerability Reassessment Questionnaire. The Acting Facility Director stated the facility has not had a transgender or intersex resident housed at the facility during the audit period which also was reflected on the LGBTI Tracking Log. At the time of the on-site audit, there were no transgender or intersex residents housed.

The agency's policy 5.1.2-A and the facility policy 2019-3 state, "Transgender and intersex individuals in a GEO Facility or Program shall be given an opportunity to shower separately from other individuals. Staff stated transgender and intersex residents have the opportunity to shower separate from other residents through the use of private single showers that include shower curtains in the restrooms. The privacy of the showers afforded a resident was observed by the Auditor during the facility tour. The form, Statement of Shower/Search/Pronoun Preference is completed for transgender and intersex residents at intake. The resident is able to state the gender identification, pronoun preference, staff preference for searches, and whether the resident wants to shower separately. The resident, staff completing the form, and a staff witness signs the form.

The agency and facility do not place LGBTI residents in housing units solely based on their sexual orientation. The facility's policy 2019-3 states, "The PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such individuals." The agency's policy 5.1.2-A states, "LGBTI Individuals in a GEO Facility or Program shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such individuals." The agency's PREA Coordinator stated, "No GEO facilities are under a consent decree or other legal judgment. This practice is prohibited by policy and the facility considers each individuals own views about their safety as part of the initial PREA risk

screening assessment.”

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*)

The facility has established procedures allowing for multiple internal and external ways for residents to report sexual abuse, retaliation, staff neglect, and violations of responsibilities that may have contributed to such incidents. The agency's policy 5.1.2-A states, "Each facility shall provide multiple ways for individuals in a GEO Facility or Program to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO Facility or Program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Facilities shall provide individuals in a GEO Facility of Program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e. contracting agency ICE, USMS, BOP, etc.) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request." The facility's policy 2019-2 states, "All residents shall be made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The "PREA Educational Manual" for residents contains reporting information and each resident will receive a copy prior to arrival or upon arrival during monitor orientation and sign an acknowledgment form which verifies the resident received the document." The facility provides the resident the PREA Education Manual for Residents at intake that states, "You don't need to have any evidence to report that an assault happened. You can report an assault anytime: right after it happened or weeks later. Tell ANY staff person (counselor, teacher, chaplain, volunteer, nurse, etc.). Talk to any staff member you trust. You cannot be punished for reporting sexual abuse or sexual harassment. You may talk to someone in person, drop a note under a staff member's door. Find a way to tell someone who makes you comfortable. Submit a grievance locally or a letter to the PREA Coordinator. Seek support for yourself. It is important to find someone you trust to help you if you want to talk about the assault or get support. You can talk to a trusted friend, family member, staff member, or counselor. You may also call the report line toll free. RAINN National Network, which is confidential, (800) 656-4673. This number is not recorded or monitored at the facility. The "hotline" can also be used by anyone in the community to report incidences of sexual assault or staff sexual misconduct. You don't have to be the victim to use the line. You can report something that is happening to someone else. You don't have to leave your name or number; however, you need to provide enough information so an investigation can begin. Support for rape victims is available here. You can contact your Case Manager for more information, the back page of this manual will also provide you with reporting options and available resources."

Allegation reporting methods are shared with residents at intake through the PREA Education Manual for Residents (available in English, Spanish, and Yupik), Resident Reporting Options handout, the PREA - What You Need to Know Video, and verbally explained by the intake staff during the intake process. Reporting information is also available on PREA informational posters in English and Spanish throughout the facility viewed by the Auditor during the tour. Residents are directed they can report verbally and in writing to facility staff; report through the grievance process; utilize third party reporting; verbally

or written to the AKDOC; drop a note in a staff box, the RAINN National Network hotline report line, and the Bethel Police Department. The residents may report outside the agency by calling Tundra Women's Coalition, Bethel Police Department, Alaska Department of Corrections, and the RAINN National Hotline Network. Calling any of the toll-free numbers allows residents to remain anonymous upon request. The facility has a MOU agreement with Tundra Women's Coalition, the MOU includes a 24-hour hotline assistance and will contact the facility in the event that the victim consents to anonymously reporting the allegations back to the facility only with the express verbal or written consent of the resident which will be documented by the advocacy agency. During the resident interviews, the residents acknowledged receiving information on how to report at intake, in the PREA Educational Manual for Residents and on posters. They were able to identify reporting methods including telling a staff member, call the hotlines, writing a grievance, write a communication form (note to staff), write to probation officer or AKDOC, and/or telling family or a friend. They acknowledged they could report anonymously through a note to staff (communication form) or through the phone numbers posted. The residents also felt comfortable reporting to a staff member. The phones allow for toll free calls, is not monitored, or requires a pin number. The Auditor tested the phone at the monitoring station for reporting and accessibility to support services. The reporting methods were demonstrated through a review of policies and procedures, PREA Educational Manual for Residents, informational posters throughout the facility, and interviews with residents and staff. One allegation during the audit period was reported through the GEO corporate hotline and the other was through written correspondence to the Acting Facility Director.

The agency policy 5.1.2-A states, "Facilities shall provide individuals in a GEO Facility or Program contact information on how to report sexual abuse incidents to the Facility PREA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." The PREA Employee Reporting Options poster directs that "GEO Employees reporting sexual abuse or sexual harassment may report such information to the Chief of Security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week, on the internet at www.reportlineweb.com/geogroup, or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Office directly at (561) 999-5827." Staff indicated through interviews they were aware of the methods available for residents to report sexual abuse and sexual harassment including verbally to staff, the hotline, submitting a communication form, writing outside the facility to AKDOC or probation office, contact GEO corporate, and call local law enforcement. Staff were also knowledgeable on the multiple-ways residents could report to staff and their responsibility in the process. Numerous staff stated they would not take allegation reports by a third-party or an anonymously report. The staff indicated they would report immediately to their supervisor and the Facility Director. After verbal reporting, a written incident report would be completed and forwarded to the Facility Director immediately and always before the end of shift. Staff stated the information is not shared with anyone else and would only be shared on a need-to-know basis as directed. The Acting Facility Director shared that staff are informed of the reporting methods during initial and annual training session and staff reporting options posters are also located throughout the facility, as a reminder of reporting options. He also added that staff wear first responder duty cards on their person which have a hotline number on them. Staff can privately report by calling the employee hotline, through the internet to www.reportonline.com/geogroup; or contacting the agency PREA Coordinator. Staff were aware of the methods to privately report sexual abuse by calling the corporate office hotline number which is provided on the PREA Staff Responsibility Card and on the Employee

Reporting Options poster. This information is also posted on the agency website. The reporting requirements and process is provided to staff through training, agency policy, staff handbook, posters, and the PREA Staff Responsibility Card.

Did Not Meet: Numerous staff stated they would not take allegation reports by a third-party. A number of staff also stated they would not take writing or anonymously allegations reports.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers the resident reporting methods, third-party reporting, and the staff's responsibilities for reporting and documenting a reported allegation. The staff are issued and responsible for carrying on them the PREA Staff's Responsibility Card which addresses the first responders' duties including reporting an allegation. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-5 Grievance Process outlines the procedures for resident grievances regarding sexual abuse. The facility provides the residents information of the grievance procedures at admission to the facility through the PREA Education Manual for Residents and the facility's handbook. The facility's policy 2019-5 states, "There is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the AKDOC Residential Reentry Manager and/or GEO PREA Director. Residents filing sexual abuse grievances may be assisted by a third party (family, employees, fellow inmates, staff members, outside advocates, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident however, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process. If the resident does

not agree to have the grievance filed on his/her behalf, this will be fully documented in writing by the Facility Director/PREA Compliance Manager and a staff witness if the resident does not put his/her decision in writing. These documents will be forwarded to the assigned investigator and corporate PREA Director. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of a complaint. A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity shall be forwarded to the Facility Director (or assigned PREA Compliance Manager) and forward for investigation. There will be no attempt to resolve informally any grievances related to sexual abuse or sexual harassment. The resident will be informed in writing that due to the nature of the grievance; it will be forwarded for investigation and upon conclusion of the investigation, a written notice of outcome will be provided. These type grievances will be handled via established reported PREA allegation protocols. A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents at Tundra Center in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing." The agency's policy 5.1.2-A expands to state, "At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level." The agency's policy 5.1.2-A also states, "Individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith."

The facility does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse. A resident can file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. The PREA Education Manual for Residents states, "There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Residents can submit the grievance to the Grievance Coordinator or the Facility Director. Residents are informed if the allegation involves the Facility Director, the grievance may be submitted directly to the AKDOC, GEO PREA Coordinator, and/or GEO Residential Reentry Services Senior Area Manager." The policies state the residents have a right to submit grievances to someone other than the staff member who is the subject of the complaint and such grievance is also not referred to a staff member who is subject of the complaint.

The agency and facility's policies provide written procedures and timeframes for handling time-sensitive grievances that involve an immediate threat to resident health, safety, or welfare related to sexual abuse. If the grievance is a substantial risk of imminent sexual abuse to the resident, it is handled as an emergency grievance. The agency's policy 5.1.2-A states, "Individuals in a GEO Facility or Program may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five (5) calendar days." A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity is forwarded to the Facility Director who will forward the allegation for investigation. If the grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the Facility Director and/or Security Manager takes immediate action to protect the potential victim. The resident will be informed in writing that due to nature of the grievance; an investigation will be conducted immediately,

the report will be forwarded to the Facility Director and Corporate PREA Coordinator; and once the investigation is completed, a written notice of outcome will be provided. The facility's policy 2019-5 states, "Processing for emergency grievances will begin with the initial determination by the designated grievance coordinator that the issue raised is a life-threatening situation. Emergency grievances will be given top priority and will be investigated, and an initial response provided within forty-eight (48) hours of the date of receipt. A final decision for emergency grievances will be provided within five (5) calendar days. If an emergency grievance indicates a resident is subject to substantial risk of imminent Sexual Abuse, the Facility Director will take immediate corrective action to protect the potential victim. If staff is the alleged abuser, separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file."

The residents interviewed acknowledged they could report sexual abuse or sexual harassment through the grievance process. There was no grievance filed by a resident during the audit period alleging sexual abuse or sexual harassment.

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*)

The agency's policy 5.1.2-A and facility policy 2019-6 state the facility shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and during the prosecution of sexual abuse perpetrators to address victim's needs. The agency's policy 5.1.2-A states, "Facilities shall provide individuals in a GEO Facility or Program who allege sexual abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.). Facilities shall enable reasonable communication between individuals in a GEO Facility or Program and these organizations as well as inform individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The facility's policy mirrors the language of the agency's policy.

The facility has a MOU agreement with Tundra Women's Coalition dated June 2021 to provide outside confidential emotional support services for the residents. The MOU outlines the victim advocacy services provided include 24 hour hotline assistance and will contact the facility in the event that the victim consents to anonymously reporting the allegations back to the facility only with the express verbal or written consent of the resident which will be documented by the advocacy agency; in person response and support at the hospital; counseling support, individual therapy, groups for victims; court advocacy; referral to hospitals that are SAFE and/or SANE providers; work with the appropriate law enforcement agency assigned jurisdiction for the case; comply at all times with applicable Federal, State and Local Laws and other regulatory and certification requirements; and protect the identity and confidentiality of all sexual assault victims. The facility also provides the resident information within the PREA Education Manual for Residents that states, "You may also call the report line toll free. RAINN National Network, which is confidential, (800) 656-4673. This number is not recorded or monitored at the facility. The "hotline" can also be used by anyone in the community to report incidences of sexual assault or staff sexual misconduct. You don't have to be the victim to use the line. You can report something that is happening to someone else. You don't have to leave your name or number; however, you need to provide enough information so an investigation can begin. Support for rape victims is available here. You can contact your Case Manager for more information, the back page of this manual will also provide you with reporting options and available resources."

The facility provides residents information about local and national organizations that can assist residents who have been victims of sexual abuse through the PREA Education Manual for Residents. Victim advocacy service information is provided to the residents on the Resident Reporting Options posters throughout the facility. Most residents interviewed were not aware of outside support services available

to them. However, the facility provides this information in multiple ways to the residents. The hotline number and victim advocacy services are provided to the residents on a poster in the housing units. The Resident Reporting Option poster did not inform the residents calls are confidential and will not be monitored.

The Auditor interviewed two residents that reported sexual abuse. One resident stated the facility provided information including addresses and phone numbers for emotional support services. This resident also stated this information is provided through posters throughout the facility. The resident acknowledged he did not contact the organization for support. The other resident stated he was not offered any emotional support information from the facility.

Did Not Meet: The poster and handbook referencing victim advocacy services does not include when allegations may be reported by an outside agency and when calls are monitored/confidential. This information should be included on the Resident Reporting Options poster that the phone calls are confidential and not monitored (can be accomplished with labels on current posters and when updating the resident handbook) and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Compliance Action Taken: The facility updated the Resident Reporting Options and the PREA Education Manual for Residents (handbook) informing the residents the victim advocacy services are not monitored and the organization may contact the facility to advise them of an incident. The Resident Reporting Options poster and the PREA Education Manual for Residents was expanded to include "Calls to PREA resources are not monitored by the facility. Call recipients may contact the facility to advise them an incident has occurred in accordance with local reporting policy requirements and reports of abuse may be forwarded to the appropriate authorities in accordance with mandatory reporting laws, as applicable." The provided documentation demonstrated substantial compliance.

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*)

The agency's policy 5.1.2-A states, "GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of individuals in a GEO Facility or Program. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include, lobby, visitation and staff break areas within the facility." The third-party reporting information is posted publicly on the agency's website. The website provides information regarding reporting sexual abuse. The website states "to report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program or if you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator." A phone number and address are provided. The information is displayed on The Prison Rape Elimination Act of 2003 posters in common areas in the facility including the dining hall that is utilized for visitation. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a resident has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the Facility Director or to the agency's PREA Coordinator. Residents interviewed were aware of this method of reporting and indicated they could report for another resident as well as a friend or family member can report for them. One allegation during the audit period was reported through the GEO corporate hotline which then was reported back to the facility for investigation.

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 N/A
- 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 N/A

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-6 PREA outlines the reporting requirements of staff, contractors, and volunteers. The agency's policy 5.1.2-A and the facility's policy 2019-6 state, "Employees are required to immediately report any of the following: knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO Facility; retaliation against individuals in a GEO Facility or Program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone. Employees reporting sexual abuse or

sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or Facility management privately if requested." The policies language for volunteer and contractor reporting mirrors that of the employee reporting policy language. The policies also expand that volunteers and contractors, apart from reporting to designated supervisors or officials, contractors/volunteers shall not reveal any information related to a sexual abuse report to anyone.

Employees, volunteers, and contractors are required to report to designated supervisors or officials. Reporting requirements are covered in the annual in-service training, pre-service training, and staff meetings for all staff. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Random staff interviewed indicated they would report immediately to their supervisor and the Facility Director. After verbal reporting, a written report would be completed and forwarded to the Facility Director immediately and always before the end of shift. Staff stated the information is shared only with the Facility Director and their supervisor and would not be shared with anyone else unless directed. This reporting information is provided on the staff's PREA Staff's Responsibility Card also. Once reported, the Facility Director makes notifications to the GEO Regional Reentry Services Regional Director and the AKDOC. The facility policy 2019-6 states, "The facility shall report all allegations of sexual abuse and sexual harassment to the Alaska Department of Corrections and/or local law enforcement for investigation."

The facility does not employ medical and mental health staff. All medical and mental health services are provided by outside community agencies. However, the agency's policy 5.1.2-A states, "Unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the victim is under the age of 18 or considered a vulnerable adult to designated state or local services and agencies under applicable mandatory reporting laws." The agency policy 5.1.2-A also states, "medical and mental health practitioners are also required to inform individuals in a GEO facility or program of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services." The Facility Director stated the facility has not had a reported incident with a resident under the age of 18 or considered a vulnerable adult. He stated if an allegation would occur, it would be reported to AKDOC and the corporate office. The Vulnerable Persons Statutes for Alaska would be followed, A.S. § 11.51.200 (West 2011) Endangering the welfare of a vulnerable adult in the first degree; A.S. § 11.51.210 (West 2011) Endangering the welfare of a vulnerable adult in the second degree; and A.S. § 11.41.410 (West 2011) Sexual assault in the first degree. A memo to file from the Facility Director states, "Tundra Center had no incidents which required reporting in accordance with the vulnerable persons statutes during the review period."

The agency policy 5.1.2-A states, "Facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Facility's designated investigators or outside agency responsible for investigating these type incidents." The Acting Facility Director stated any allegation is investigated. The local law enforcement would be contacted if the allegation is criminal. The Investigator indicated that all allegations no matter how they are reported are investigated. It is also reported to AKDOC who has the first refusal to investigate, which in that case the allegation would be referred back to the facility/agency for investigation. The corporate agency and the AKDOC was notified of the two allegations reported during the audit period and investigations were started.

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-6 state, "When a Facility learns that an individual in a GEO Facility or Program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive and non-judgmental."

Staff interviewed were not aware of the procedures to take if a resident is subject to a substantial risk of imminent sexual abuse. Most staff stated they would just keep an eye on them. The actions to take to protect a resident at risk of imminent sexual abuse are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The agency's Quality Assurance Director/Reentry Services PREA Divisional Coordinator stated, "We take immediate action to protect the victim from further harm and refer him or her for necessary offsite services (medical, mental health, etc)." During the audit period, no resident reported feeling at imminent risk of sexual abuse, or any staff reported that a resident was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement. A memo to file from the Facility Director stated, "Tundra Center had no incidents in which a resident was at substantial risk of imminent sexual abuse during the review period."

Did Not Meet: Staff were not aware of the procedures to take if a resident is subject to a substantial risk of imminent sexual abuse. Most staff stated they would just keep an eye on them.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers that immediate action is to be taken when a resident is at substantial risk of imminent sexual abuse. The staff are issued and responsible for carrying on them the PREA Staff's Responsibility Card which addresses first responder duties including separating the resident for safety.

The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-6 requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director or designee will notify the Facility Administrator or designee of the facility where the alleged abuse occurred. The agency's policy 5.1.2-A and the facility's policy 2019-6 state, "In the event that an individual in a GEO Facility or Program alleges that sexual abuse occurred while confined at another facility, the Facility shall document those allegations and the Facility Administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. The Facility shall maintain documentation that it has provided such notification and all actions taken

regarding the incident. Copies of this documentation shall be forwarded to the PREA Compliance Manager and Corporate PREA Coordinator. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards.”

The Acting Facility Director indicated that a notification would be made to the other facility immediately and the regional office would be notified. The notification will be documented and forwarded to the agency’s PREA Coordinator. The agency’s Quality Assurance Director/Reentry Services PREA Divisional Coordinator stated, “Regardless of how one of our facilities receives a referred allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. Our PREA Coordinator is also informed of all allegations of this type via email. Facilities are required to enter these type allegations on their monthly report submissions to her and also into our PREA Database where they can be tracked. The Acting Facility Director also stated if an allegation was reported to the facility from another facility that an incident occurred at the facility, the regional office would be notified, and an investigation started. There were no instances this audit period, as noted on the PAQ also. The facility received no notifications of alleged abuse from another facility or received from another facility. A memo to file from the Acting Facility Director stated, “Tundra Center had no incidents to report nor received notifications of sexual abuse allegations from other confinement facilities during the review period.”

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-6 outlines the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The agency's policy 5.1.2-A and the facility's policy 2019-6 states, "Upon receipt of a report that an individual in a GEO Facility or Program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuser; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim; and notify security staff. It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental."

Numerous staff interviewed were not aware of their responsibilities as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. They stated they would contact the police and/or the Facility Director. The first responder responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The first responder responsibilities are also outlined on the PREA Staff's Responsibility Card carried by all staff. The random non-security staff interviewed indicated they would contact the Facility Director immediately. The facility had two allegations of sexual abuse during the audit period, neither incident was reported to staff, therefore the incidents did not require the first responder duties to be initiated. A memo to file from the Acting Facility Director stated, "Tundra Center had no PREA incidents which required implementation of all first responder duties."

Did Not Meet: Staff were not aware of their responsibilities as a first responder. The majority of the staff indicated they would call the police or the Facility Director.

Compliance Action Taken: Each facility staff member completed the Pre-Service Prison Rape Elimination Act (PREA) training conducted by the Regional Contract Compliance Manager during the month of July and August. The training covers staff first responder duties. The staff are issued and responsible for

carrying on them the PREA Staff's Responsibility Card which outlines the first responder duties. The agency provided the lesson plan and the Prison Rape Elimination ACT (PREA) Basic Training Acknowledgement form for each employee documenting the training. The provided documentation demonstrated substantial compliance.

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*)

The agency's policy 5.1.2-A states, "Each Facility shall develop written Facility plans to coordinate the actions taken in response to incidents of sexual abuse. The plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and Facility leadership. The local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response." The facility has created a written institutional plan to coordinate actions taken by the multidisciplinary team including first responders, medical and mental health care by outside agencies, investigators, and facility leadership in response to an incident of sexual abuse. The Reentry PREA Coordinated Response Plan provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment, and sexual activity within the facility. The plan was approved in April 2021. The Coordinated Response Plan includes the actions to take after report of sexual abuse, the initial response, the Facility's Director's role when assuming the control of the incident, crime scene and evidence protection, referral to the designated community facility for medical treatment, notifications required when sexual abuse is alleged, evidence protocol, responsibilities when sexual harassment is alleged, and responsibilities when sexual activity is alleged. The Plan also has an Emergency Response Contact Numbers and Address sheet for staffs' reference. Coordination with staff is started through notifications and staff reporting to handle the appropriate activities under their responsibilities. The facility indicated the Coordinated Response Plan is covered at pre-service and annual in-service training with staff to educate the actions required by staff. A checklist, PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment, is utilized to document the dates and times of actions taken.

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*)

The facility does not have a collective bargaining agreement. The agency policies 5.1.2-A and 5.1.2-E state, "GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged employee sexual abusers from contact with any individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The policy also states, "In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file."

The agency's Quality Assurance Director/Reentry Services PREA Divisional Coordinator stated, "The Reentry Services division currently has 4 of its 35 facilities which have a collective bargaining agreement: Albert M. Bo Robinson Assessment and Treatment Center (NJ), Delaney Hall (NJ), Tully House (NJ), and The Harbor (NJ). None of the language in the collective bargaining agreement precludes investigations and disciplinary action against staff, up to and including termination, for substantiated allegations of sexual abuse and sexual harassment." There was one staff-on-resident allegation reported during the

audit period, a separation order was established between the staff member and resident. The Acting Facility Director shared it was difficult to maintain separation with the number of vacancies. If a staff member is working within the facility, the staff member is to have no contact with the resident, other staff would make any necessary contact and monitoring. A memo to file from the Acting Facility Director stated, "Tundra Center does not have a collective bargaining agreement."

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*)

The agency's policy 5.1.2-A states, "Facilities shall implement procedures to protect individuals in a GEO Facility or Program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO Facility or Program or employees. The Facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of

Individuals in a GEO Facility or Program. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. A mental health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the Protection from Retaliation Log to include corrective actions taken to address the issue." The agency's Quality Assurance Director/Reentry Services PREA Divisional Coordinator stated, "Designated staff at each facility are assigned to monitor the individual who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation." The facility's policy 2019-6 mirrors the agency's policy and also states, "The PREA Compliance Manager or Office Support Specialist shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist." The Facility Director/PREA Compliance Manager is the designated individual responsible for monitoring retaliation at the facility. Staff are informed of protection from retaliation through training in pre-service and annual in-service and agency and facility policies and residents through the PREA education and orientation.

The Facility Director stated for retaliation monitoring of residents, discipline, program changes, and bed/room changes would be monitored. For staff monitoring, call-offs and any complaints would be reviewed to determine if retaliation is occurring. A review of cameras would occur in all instances. If retaliation is suspected or determined, protective measures would be taken immediately; the individual would be monitored closely on a daily/weekly basis, and an investigation would be started if retaliation was determined stated the Facility Director. The policies identify protective measures that can be taken including housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for residents and employees who fear retaliation. The Facility Director stated if a resident did not feel safe, the resident would be separated to a private room and would have private use of common areas to control any contact. at the facility. If that does not resolve the concern, the resident would be transferred back into AKDOC custody for safety. The alleged perpetrator, if a resident, would be removed from the facility and placed back into AKDOC custody. If a staff member, the staff member would receive a no contact order and may be placed on administrative leave until the investigation was completed. If the investigation was substantiated, the employee would be terminated. A monitored individual would be offered emotional support services. The emotional support services for a resident would be through mental health behavioral services at the local hospital or the Tundra Women's Coalition and for staff, it would be through the Employee Assistance Program (EAP).

The agency policy 5.1.2-A states, "For at least 90 days following a report of sexual abuse, the Facility shall monitor the conduct and treatment of individuals in a GEO Facility or Program who reported the sexual abuse to see if there are changes that may suggest possible retaliation by individuals in a GEO Facility or Program or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded." Policies outline the monitoring timeframes. For residents, the PREA Compliance Manager shall meet weekly with the resident. The meetings will be documented on the Protection Form Retaliation Log with any notes or issues discussed. The resident/alleged victim must sign the form acknowledging the monitoring contact. The agency policy also states, " For at least 90 days

following a report of staff sexual misconduct (abuse or harassment) by another employee, the Facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log", to include corrective actions taken to address the issue." The retaliation monitoring will be for at least 90 days; however, the time frame can be extended if warranted. Monitoring shall terminate if the allegation is determined unfounded. The Acting Facility Director and Investigator interviewed stated that residents are monitored once a week for 90 days and staff is monitored monthly for 90 days. If needed, monitoring will continue past 90 days. Once completed, all resident and staff retaliation logs will be retained in the investigation file of the corresponding PREA incident.

There were allegations during the audit period, neither incident had retaliation monitoring completed. A memo dated May 28, 2021, to file from the Acting Facility Director stated, "Tundra Center had one allegation in the past 12 months; the subject and one of the victims were released at the outset of the investigation (10/1/20 and 10/4/20 respectively). The remaining victim declined monitoring due to the subject already having been released." The second incident occurred between the submission of pre-audit documentation and the on-site audit. Staff interviewed stated they met with the resident-on-resident victims and the victim declined monitoring since the alleged abuser was returned to custody. Although the staff met with the victim, there was no documentation to verify the contact or monitoring. On the second allegation of staff-on-resident, there was no documentation of retaliation monitoring either. The facility needs to complete the retaliation monitoring form when monitoring retaliation to verify practice as directed by policy. After the on-site visit, the agency provided training with staff and assigned the Case Manager responsible for retaliation monitoring. facility and agency provided documentation demonstrating the agency addressed the issue. There were no additional cases for review.

Did Not Meet: The facility has not been conducting retaliation monitoring. Two residents interviewed that reported an allegation felt they were being retaliated against by staff involved in the incident through comments of returning them to the jail and the intimidating looks and gestures of staff. The facility has not provided protection measures for residents that reported allegations from contact with the alleged abuser who are staff other than separating as much as possible through a no contact order. The facility struggles with staffing coverage due to vacancies that enhances this issue of not being able to move the staff from contact with the resident.

Compliance Action Taken: The facility has established a process for retaliation monitoring. A Case Manager is responsible for the monitoring on a weekly basis. The facility has provided documentation of retaliation monitoring for two residents that reported an allegation. The monitoring was documented on the Protection Form Retaliation Log-Reentry which demonstrated weekly meetings with the resident. The resident and staff member sign and date the form documenting the weekly contact. The agency and facility continue to recruit to fill vacancies that would provide additional staff coverage. The provided documentation demonstrated substantial compliance.

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*)

The facility only conducts administrative investigations, and all criminal investigations are referred to the appropriate law enforcement agency, which would be the Bethel Police Department and/or the Alaska State Troopers. The agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection outlines the procedures for investigating and documenting incidents of sexual abuse. The agency's policy 5.1.2-E states, "When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party, and anonymous reports. The completed preliminary investigative report will be forwarded to the Corporate PREA Office (to the corporate PREA Manager with oversight of your facility) for review and approval no later than 60 calendar days after the allegation is reported. Extensions may be authorized by the corporate PREA Manager." The facility is to begin an administrative investigation immediately following a reported allegation. Once an allegation is reported and the Facility Director is notified, an investigation would be started immediately. The Facility Director notifies the agency's corporate office and the AKDOC. The agency's PREA Reentry Services Division Coordinator assigns investigative cases for all allegations at the facility. There were two allegation reported during the audit period. The investigations were initiated on the day the allegations were reported. The one investigation was completed within three weeks. the investigation was completed promptly. The other investigation is still open. The facility cannot close the investigative report until corporate reviews the report and confirms the final outcome determination of the investigation. The PREA Compliance Manager maintains a tracking log of all allegations including type of allegation, report number and the outcome of the investigation on the Monthly PREA Incident Tracking Log and the Annual PREA Incident Tracking Log. The logs were reviewed by the Auditor.

The agency's policy 5.1.2-E states, "GEO shall use investigators who have received specialized training in sexual abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence collection required to substantiate a case for administrative action or prosecution referral." The administrative investigations are completed by agency specialized trained investigators located in Anchorage. The agency has four specialized trained investigators for Alaska. The Investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the Investigator interviewed, the review of the training certificates, and Prison Rape Elimination Act Basic Training Acknowledgement form with signatures for the course. There were two investigations for the audit period, one investigation was completed by a specialized

trained investigator and the other investigation still opened is being conducted by a specialized trained investigator.

The Investigator stated in the interview that the investigation would start immediately upon receiving a reported allegation. Depending on the severity of the allegation, the Investigator(s) may start the investigation from the Anchorage office through remote interviews, document reviews, and review of uploaded videos. The Investigator may be directed to the location immediately, usually within 24 hours per the Investigator's interview. The agency's policy 5.1.2-E, states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." The Investigator stated upon initiating the investigation, the investigator will secure the area (if on-site, if not, the facility secures the scene); conduct interviews with alleged victim, alleged abuser, and witnesses; review video footage; and review residents files involved in the allegation including prior complaints and reports of the sexual abuse involving the alleged abuser. The process would also include review of the evidence collected, establishing a timeline, and writing the investigation report. The Investigator also stated that all investigations are handled the same no matter the reporting method. If determined criminal, the Bethel Police Department and/or the Alaska State Troopers would be contacted to conduct the criminal investigation. The agency policy 5.1.2-E states, "When outside agencies investigate sexual abuse or sexual harassment, the responsibilities of the GEO facility shall be limited to preserve and protect the crime scene until law enforcement personnel control of the scene; separate the alleged victim and abuser from each other; and prevent the alleged victim and abuser from taking any actions that could destroy physical evidence until law enforcement personnel take control of the crime scene. When outside agencies investigate sexual abuse and sexual harassment, the outside agency will be responsible for all other aspects of the investigation, including but not limited to assume control of the crime scene and all evidence." There were two allegations reported during the audit period and the investigations were initiated on the day of the allegation was reported. Upon review of the one closed case, the investigative report was thorough and objective, outlining the investigative process and describing the reasoning of the investigative outcome.

The Investigator stated the agency investigators do not conduct compelled interviews. Those interviews would be conducted by law enforcement. The law enforcement agency would liaison with the prosecutor's office and determine if the case would proceed to the grand jury. This is covered in the specialized investigator training.

The agency policy 5.1.2-E states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual in a GEO facility or program or staff. No agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation." The Investigator stated the creditability of individuals are determined on a case-by-case basis and all are individuals are treated credible until evidence proves otherwise; there is no bias. And an alleged victim is never required to submit to a polygraph exam, it is against policy. Upon review of the investigative report, there was no truth telling device used during the interviews. Both residents that reported sexual abuse stated they were not required to take a polygraph or truth telling device as part of the investigation.

Policy 5.1.2-E contains a section titled Investigative Reports that outline all the items required for investigations as listed in the standard. The policy outlines that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a written report that includes at a minimum a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The agency policy 5.1.2-E states, "Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." The Investigator stated throughout the investigation process consideration is given to whether staff actions or failures contributed to the sexual abuse by reviewing video footage, conducting interviews, and determining whether policy and procedures were violated. He shared that within the investigative report there is a section titled Staff Failure Analysis where this information is provided as part of the investigative report. The Investigator stated the written investigative report would include a summary of allegations, history of the case, general information of the incident, findings of the investigation interview summaries, video evidence, evidence attachments, investigative outcome, staff failure analysis, review by corporate office, and if criminal, information about the criminal investigation. This was supported by the review of the closed investigation case by the Auditor. The report is uploaded to the GEO Track System portal. The written report must be submitted to the agency's PREA Coordinator within 60 days after the allegation occurred. The final determination of the investigation is determined at the agency level. The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which was supported through policy and the Investigator's interview. All written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than 10 years, per policy 5.1.2-E.

All allegations that are potentially criminal are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, which is the Bethel Police Department and/or the Alaska State Troopers. The outside agencies would complete the criminal investigation and document the investigation in a written report with an outcome of the investigation. The agency policy 5.1.2-E states, "When outside agencies investigate sexual abuse or sexual harassment, facilities shall request copies of the completed investigative reports. Upon receipt, the outside agency's investigative report will be forwarded to the corporate PREA Manager with the oversight of the facility for review and closure." The Investigator stated a copy of the written report of outside agencies is provided to the agency. The Investigator stated it would be the responsibility of the outside law enforcement agencies to refer cases for prosecution. The agency policy 5.1.2-E states, "Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution." The two reported allegations for the audit period were not criminal, therefore no referrals were made for law enforcement investigation or referral for prosecution.

The agency policy 5.1.2-E states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Facility Director and Investigator shared that the investigation would continue until completion with an outcome. The closed investigation documented the investigation continued and completed even though the alleged abuser was returned to custody.

The agency's policy 5.1.2-E states, "When outside agencies investigate sexual abuse and sexual

harassment, GEO facility staff shall endeavor to remain informed about the progress of the investigation at least monthly by contacting the law enforcement individuals assigned to investigate the incident using the Investigation Follow-up Email template. GEO facility staff shall request an update on the status of the investigation and confirm law enforcement has received all information they have requested for the GEO facility." The Investigator stated it is his role to facilitate with the outside law enforcement agency and provide all information/documentation that is requested. He would stay in contact with the outside agency on the progress of the investigation. The agency's policy 5.1.2-E states, "If a criminal investigation has not closed 12 months after the allegation was received; the facility shall, with the approval of the client, the outside investigating agency and the corporate PREA Manager, initiate an internal administrative investigation into the allegation. The corporate PREA manager will verify there has been an attempt to contact the outside investigating agency to notify them of the intent to open an administrative investigation using the Notice of GEO Administrative PREA Investigation template. The facility shall wait at least 10 business days for the outside agency to respond to ensure an internal administrative investigation would not impede the agency's criminal investigation. The GEO investigative report will be forwarded to the corporate PREA Manager for review and closure."

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*)

The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. The agency's policy 5.1.2-E states, "Facilities shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse and sexual harassment are substantiated." The review of the investigative file supported the practice.

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*)

The agency's policy 5.1.2-E outlines the process for reporting investigation outcomes to residents. The agency's policy 5.1.2-E states, "At the conclusion of an investigation, the facility investigator or staff member designated by the facility administrator shall inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded, or deemed not-PREA. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual." The Facility Director is the designated staff member to inform the resident of the investigative outcome. The resident is notified whether the allegation was determined substantiated, unsubstantiated, or unfounded through a written notification by the Facility Director on the Notification of Outcome of Allegation Form. The resident receives the original and a copy is maintained as part of the investigative file. The resident would be met with privately and informed of the investigative outcome. The Notification of Outcome of Allegation form provides definitions of substantiated, unsubstantiated, and unfounded; what agency conducted the investigation; the investigative outcome finding; the abuser status (if applicable), and the staff status (if applicable). The Notification of Outcome of Allegation form is completed with the resident signing acknowledging receiving the outcome and the staff issuing the notice would also sign the form with the date of notification.

The agency's policy 5.1.2-E states, "If the alleged abuser was an employee, the victim shall also be informed whenever: the employee is no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. If the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility." These notifications are also documented on the Notification of Outcome of Allegation. There was one staff-on-resident allegation, this case was still open.

The Auditor reviewed the closed investigative file of the resident-on-resident sexual abuse allegation. Within the investigative packet was documentation the resident was informed of the outcome of the investigation through the Notification of Outcome of Allegation form. The investigation was substantiated. The resident signed for the notification provided by the Facility Director on October 22, 2020. The notification was made to the resident six days after the investigation was closed.

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*)

The agency's policy 5.1.2-E states, " Employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 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. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal." The Employee Handbook Sexual Abuse and Sexual Harassment Section covers that staff shall be subject to disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The Facility Director stated that a staff member suspected of sexual abuse or sexual harassment may be placed on administrative leave until the investigation is completed. If the case was substantiated, the staff member would be terminated. During the audit period, there was one allegation of staff-on-resident sexual abuse which was still under investigation. A memo to file from the Acting Facility Director stated, "Tundra Center had no staff disciplined as a result of a PREA allegation during the review period."

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*)

The agency's policy 5.1.2-A states, any volunteer/contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with Individuals in a GEO Facility or Program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. GEO is committed to investigating, and referring for prosecution, any volunteer that engages in such behavior. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the volunteer, the facility shall notify the applicable GEO Contracting Authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO Facility or Program.

The Facility Director shared that a contractor or volunteer that violated agency or facility policies would have access to the facility removed. Notification would also be made to AKDOC. During the audit period, there were no violations by volunteers or contractors of the agency's policies related to sexual abuse or sexual harassment. The Acting Facility Director stated there have been no volunteers or contractors within the facility due to COVID protocols or during his time as Acting Facility Director. A memo to file from the Acting Facility Director stated, "Tundra Center did not have any contractors or volunteers disciplined as a result of a PREA violation during the review period."

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*)

The agency's policy 5.1.2-E and PREA Educational Manual for Residents outlines the resident disciplinary sanctions. The agency's policy 5.1.2-E states, "Individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility (whether through an administrative or criminal investigations) shall be subject to formal disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories. The disciplinary process shall consider whether an individual's mental disabilities or mental illness

contributed to his or her behavior when determining what type of sanction, is any should be imposed.” The Resident Handbook states, “Informal resolution of incidents is preferred and will always be considered by staff before taking formal disciplinary action, however, non-negotiable, major, and high moderate infractions will not be resolved in an informal manner and will result in a formal disciplinary hearing. If, due to any infraction, a resident presents a threat to public or facility safety arrangements will be made for the immediate return of the resident to jail.” The AKDOC is notified of any allegation and may remove the resident from the facility during the investigative process. If substantiated, the resident would be subjected to the resident formal disciplinary sanctions through AKDOC. If the case is unsubstantiated or unfounded, the resident may return to the facility and if warranted face any disciplinary at the facility. The Facility Director indicated sanctions are commensurate within the disciplinary process for the level of prohibited act through the State of Alaska Prohibited Acts.

The Resident Handbook outline the disciplinary process including the prohibits acts and infractions and sanctions for infractions. Under the category of major infractions is assault by a prisoner upon another prisoner under certain circumstances that create a substantial risk of serious physical injury. Engaging in sexual acts with others and/or making sexual proposals or threats is a high moderate infraction. Under low moderate infractions are indecent exposure and threats to another of future bodily harm. The Resident Handbook also outlines GEO Reentry Companies House Rules that are broken into Category 1 and Category 2 offenses. Category 1 includes assault against another person, entering the apartment or living unit of a member of the opposite sex, engaging in romantic relationships or sexual acts with others, and communicating with the opposite sex. Category 2 offenses include unapproved contacts with others; hugging, kissing, or any other physical contact with another resident or inappropriate physical contact with a visitor; and entering the apartment or living unit other than their own of a member of the same sex. The handbook also outlines the sanctions for infractions that include additional work details; loss of facility amenities such as TV, recreation, or payphone use; restriction from privileges, including loss of passes or restriction to the resident’s apartment /room; demotion to a lower level or a longer period of time at the same level; and termination from the program. The handbook also informs the residents of how to appeal a disciplinary disposition/disciplinary action. The handbook states, “Residents who wish to appeal the disposition and disciplinary action of an Incident Report may file a written appeal to the Facility Director within 7 working days. A copy of all documents relating to the incident and appeal must be included with the appeal when it is submitted. The Facility Director will respond within 7 working days of receipt, or the appeal will be considered denied.”

The agency policy 5.1.2-E states, “If the facility offers counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate.” The facility does not offer counseling, the resident would be referred to an outside agency.

The agency policy 5.1.2-E states, “Disciplining an individual in a GEO facility for sexual contract with an employee is prohibited unless it is found that the employee did not consent to the contact. Facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced.” The PREA Educational Manual for Residents states that consensual relationships are not permitted and against policy.

During the audit period, no residents were referred to the internal disciplinary process for sexual abuse or sexual activity. This was documented through the PAQ and a memo to file from the Acting Facility

Director that stated, "Tundra Center had no incidents which resulted in disciplinary sanctions for residents during the review period."

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*)

The facility does not have medical or mental health services on-site. The medical and mental health services are available to the resident through community resources at the local hospital, Yukon Kuskokwin Health Corporation. The agency's policy 5.1.2-A states, "Victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. Reentry Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a "Resident Referral Verification" form will be utilized to document the offer for to onsite or offsite mental health services was made to the resident victim. The form will also document the acceptance or refusal of these services. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. All refusals of medical services shall be documented."

Following a reported PREA allegation, a Resident Referral Verification Form will be utilized to document the offer for offsite medical and mental health services was made to the resident victim. The form will also document the acceptance or refusal of these services. All emergency medical services and forensic examinations are conducted off-site at the local hospital, Yukon Kuskokwin Health Corporation. The International Association of Forensic Nurses website verifies a SANE program at the Yukon Kuskokwin Health Corporation in Bethel Alaska. The agency has attempted to enter into an agreement with Yukon Kuskokwin Health Corporation for SAFE/SANE, emergency medical treatment, and behavioral healthcare services with no success. The last attempt prior to the on-site audit was May 28, 2021. It was stated the medical and behavioral health crisis intervention services at the local hospital would be provided to facility residents just like any community resident. The hospital would offer timely access to prophylaxis for sexually transmitted infections and emergency contraceptives. The hospital provides 24-hour behavioral health crisis intervention through the emergency department. The behavioral health crisis intervention provides ongoing counseling and support for the residents at the facility. The hospital has not entered into an agreement of memorandum of understanding, although the agency has attempted. The Acting Facility Director confirmed the practice for transporting a resident to the local hospital for forensic exams. The two allegations reported in the audit period did not require outside medical services or a forensic medical exam. The residents interviewed that reported sexual abuse stated they were offered medical services, and both stated they refused the services. This was documented by the Resident Referral Verification Forms signed by the residents.

The Auditor attempted an interview on six occasions with a representative from the local hospital, Yukon Kuskokwin Health Corporation regarding emergency medical treatment including forensic exams and behavioral healthcare. There were no returned phone calls or a staff member availability when called to discuss the forensic exams and emergency services that would be provided by the hospital for a victim of sexual abuse. The International Association of Forensic Nurses website verifies a SANE program at the Yukon Kuskokwin Health Corporation in Bethel Alaska. The agency has attempted to enter into an agreement with Yukon Kuskokwin Health Corporation for SAFE/SANE, emergency medical treatment, and behavioral healthcare services with no success. The medical and behavioral health crisis intervention services would be provided to facility residents just like any community resident.

All staff are trained in CPR, first aid, and AED usage. A memo to file from the Acting Facility Director stated, "Tundra Center had no allegations in which emergency medical or mental health referrals were necessary during the review period."

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*)

The facility does not employ medical and mental health staff. The medical and mental health services are available to the resident through the community resources at the local hospital, Yukon Kuskokwin Health Corporation. The agency's policy 5.1.2-A states, "Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup, or juvenile facility. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim. All refusals for medical and mental health services shall be documented." The facility's policy 2019-6 mirrors the agency's policy.

Following a reported PREA allegation, a Resident Referral Verification form will be utilized to document the offer that on-site or off-site medical and mental health services were made to the resident victim. All alleged victims of sexual assault who require a forensic exam and/or emergency medical treatment are taken to Yukon Kuskokwin Health Corporation emergency room for completion of the forensic exam and any emergency medical healthcare with no cost to the resident. The hospital would also provide follow-up services including pregnancy tests, access to lawful pregnancy related medical services, and testing and treatment for sexually transmitted infections as medically appropriate. All refusals for medical and mental health services shall be documented.

The Auditor attempted an interview on six occasions with a representative from the local hospital, Yukon Kuskokwin Health Corporation regarding emergency medical treatment including forensic exams and behavioral healthcare. There were no returned phone calls or a staff member availability when called to discuss the forensic exams and emergency services that would be provided by the hospital for a victim of sexual abuse. The hospital provides 24-hour behavioral health crisis intervention through the

emergency department. The behavioral health crisis intervention provides ongoing counseling and support for the residents at the facility.

The agency policy outlines the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The program shall help such victims with access to medical and mental health services consistent with the community level of care. Resident victims of sexual abuse while incarcerated shall be provided referrals for tests for sexually transmitted infections as medically appropriate. Staff will also provide residents with requested level of support through assisting with making appointments, transportation needs, and victim advocacy or staff accompaniment. Residents in need of medical treatment can make appointments with local doctors and utilize the hospital's emergency room. Residents are allowed to have approved keep-on-person medications. On-going treatment services shall be 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. The two reported sexual abuse allegations in the audit period did not require outside medical services, a forensic medical exam, or follow-up services.

The agency policy 5.1.2-A and the facility policy 2019-6 states each facility shall offer medical and mental health evaluations and treatment where appropriate to all victims of sexual abuse. The intake staff are trained to do health screenings which are conducted upon arrival to the facility. If the resident reports prior victimization or is scored as a potential abuser, the resident is referred for mental health services. The referral must take place within 48 hours and the shift supervisor must be notified prior to housing. Of the twelve resident files reviewed, three residents reported prior victimization and were offered a referral to mental health services, all the residents declined services.

The agency's policy 5.1.2-A states, "The facility shall attempt to coordinate a mental health evaluation of all known resident-on-resident abusers who remain in the facility within 60 days of learning of such abuse history and connect abusers with treatment when deemed appropriate by outside mental health practitioners." The agency defines "known abusers" as those inmate or resident abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement. Mental health services are provided through local outside agencies.

A memo to file from the Acting Facility Director stated, "Tundra Center had no residents placed on treatment plans related to sexual abuse during the review period."

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*)

The agency's policy 5.1.2-A and the facility's policy 2019-6 state, "Facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determine substantiated or unsubstantiated. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and medical or mental health practitioners. The Corporate PREA Coordinator may be consulted as part of this review. Unless mandated by client contract, a PREA After Action Review Report of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. The Facility shall implement the recommendations for improvement or document its reasons for not doing so. The PREA Compliance Manager shall maintain copies of all completed PREA After Action Review Reports and a copy shall also be maintained in the corresponding investigative file."

Designated staff are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation determined unsubstantiated and substantiated. The review team utilizes the PREA After Action Review Report to complete and document the review. The form captures the allegation findings; a short summary of allegation/incident; involved residents; the items reviewed; name of the participants in the after action review by name and title; any recommendations including a change in policy or practice that could better assist in the prevention, detection, and response to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred; and whether the actions taken by staff in regards to this incident were reasonable and appropriate based on policy. The form contains a section to make recommendations as a result of the after-action review. The review is forwarded to the agency's PREA Coordinator within ten days after the review. The facility's PREA Compliance Manager is responsible for implementing any recommendation for improvement or document its reasons for not doing so. The After-Action Review Report is maintained in the investigative file.

The Incident Review Team member interviewed stated the team reviews the motivation includes gang related, sexual orientation, race, gender, and ethnicity. For the incident physical area, they review for blind spots, is there a door that needs locked, and is there areas not covered by sight lines and cameras. When reviewing adequacy of staffing, was there a delay in reporting, did staff follow first responder duties, how staff talked to the resident, staff coverage and vacancies at the time of the incident, and was policy and procedures followed. For monitoring technology, if additional cameras are needed in the area, do cameras need adjusted, and the placement of mirrors. The incident review team interviewed stated there are no trends noted.

The Auditor reviewed the PREA After-Action Review Report for the one completed investigation case of the audit period. The allegation was reported on September 27, 2020, and the investigation completed on October 16, 2020. The PREA After-Action review was conducted on October 21, 2020, by the Incident Review Team consisting of the Regional Contract Compliance Manager/Investigator and Facility Director. There were no recommendations noted.

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*)

The agency policy 5.1.2-A outlines the procedures for data collection. The agency's policy 5.1.2-A states, "Each Facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. Facility PREA Compliance Managers shall be responsible for compiling data collected on sexual activity, sexual harassment and sexual abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity as required."

The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings if applicable, and recommendations for post-release treatment, if necessary. The Facility Director as the PREA Compliance Manager is responsible for compiling data collected on sexual activity and sexual abuse incidents. The Monthly PREA Incident Tracking Log is forwarded monthly to the agency's PREA Coordinator that documents the facility's PREA statistical information. The PREA Compliance Manager will create and update the PREA Survey in the PREA Portal for every allegation of sexual abuse and sexual activity. The sexual abuse data is secured in a locked file cabinet in the Facility's Director's office as observed by the Auditor. The established retention schedule is 10 years for these files.

The PREA Annual Plan report sections include the reporting period, policy summary, key operational changes, PREA audits and certifications, facilities covered in the report, general definitions, definitions related to sexual abuse and sexual harassment, incident type acronyms, evidentiary standard, annual PREA results (allegations by incident type, comparison of total allegations, comparison of total substantiated allegations, comparison of allegations by incident type), program enhancements, and yearly statistics. The PREA Annual Reports are available on the GEO website www.geogroup.com/PREA.

The 2015, 2016, 2017, 2018, and 2019 PREA Annual Reports were reviewed by the Auditor prior to the audit. After the on-site audit, the 2020 Annual PREA Report was available for review on the agency's website. The agency does not contract for the confinement of residents.

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*)

The agency's policy 5.1.2-A states, "GEO shall review all data collected 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; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."

The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings if applicable, and recommendations for post-release treatment, if necessary. The agency's PREA Division reviews all data collected in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training including identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for the facility, as well as the agency as a whole. The agency's Quality Assurance Director/Reentry Services PREA Divisional Coordinator stated, "Facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to our Corporate PREA Coordinator to review. In 2015 we designed a secure PREA Portal with restricted access to retain all our PREA data. Every incident is entered into the portal by the PREA Managers at each facility and annually, our Corporate PREA team reviews this data to determine what improvements are needed to enhance our Program. These recommended improvements are submitted to the appropriate divisional authority for US Corrections, Reentry and Youth Services for review and approval. Our annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO."

The agency's PREA Coordinator stated, "GEO publishes a PREA report annually. GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes." The PREA Annual Plan report sections include the reporting period, policy summary, key operational changes, PREA audits and certifications, facilities covered in the report, general definitions, definitions related to sexual abuse and sexual harassment, incident type acronyms, evidentiary standard, annual PREA results (allegations by incident type, comparison of total allegations, comparison of total substantiated allegations, comparison of allegations by incident type), program enhancements, and yearly statistics. The 2015, 2016, 2017, 2018, and 2019 PREA Annual Reports were reviewed by the Auditor prior to the audit. After the on-site audit, the 2020 Annual PREA Report was available for review on the agency's website. The PREA Annual Reports are available on the GEO website www.geogroup.com/PREA.

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*)

Investigations are maintained on a secure computer system, the PREA Portal, with limited accessibility and all hard copies are maintained in locked cabinets. The Facility Director secures all facility data in locked file cabinet in a locked office with restricted access as observed by the Auditor and through the PREA Portal for every allegation of sexual abuse and sexual activity. The Investigator stated that all the investigations are maintained in the PREA Portal which is secure, and accessibility based on staff approved security levels. He indicated that all hard copy files are maintained and secured in his locked office in a locked cabinet. The agency's PREA Coordinator stated, "In 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PREA Compliance Manager at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority (Secure Services, Reentry and Youth Services) annually for review and approval."

The agency's PREA Coordinator stated, "GEO publishes a PREA report annually. GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes." The PREA Annual Plan report sections include the reporting period, policy summary, key operational

changes, PREA audits and certifications, facilities covered in the report, general definitions, definitions related to sexual abuse and sexual harassment, incident type acronyms, evidentiary standard, annual PREA results (allegations by incident type, comparison of total allegations, comparison of total substantiated allegations, comparison of allegations by incident type), program enhancements, and yearly statistics. The 2015, 2016, 2017, 2018, and 2019 PREA Annual Reports were reviewed by the Auditor prior to the audit. After the on-site audit, the 2020 Annual PREA Report was available for review on the agency's website. The PREA Annual Reports are available on the GEO website www.geogroup.com/PREA. The established retention schedule is 10 years for data collected or longer if required by state statute.

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 residents? 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*)

The agency policy 5.1.2-A states, "During the three-year period starting on August 2013, and each three-year period thereafter, GEO Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice." The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities with audit dates over the last three years. According to agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. This is the second PREA audit for this facility. The first audit was conducted September 27-28, 2018, and the PREA report is posted on the agency's website.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the Auditor for conducting staff and resident interviews. Staff and resident interviews were held in an administrative office in the administrative area of the building. Posted signs advised staff and residents they could send confidential information or correspondence to the Auditor. The Auditor did not receive any correspondence from a staff member, resident, or from the community.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

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*)

A review of the agency’s website www.geogroup.com under the Social Responsibilities - PREA Page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The Auditor observed on the agency’s website final reports of the agency’s other facilities. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings. This is the second PREA audit for this facility. The first was conducted September 27-28, 2018, and the PREA report is posted on the agency’s website.

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.

Barbara A. King
Auditor Signature

October 14, 2021
Date