

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

Interim       Final

Date of Report    October 14, 2021

### Auditor Information

Name: Barbara King	Email: Barbannkam@aol.com
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 12-13, 2021

### Agency Information

Name of Agency: <b>The GEO Group, Inc.</b>		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 Officer
Email: jgordo@geogroup.com	Telephone: 561-893-0101

### Agency-Wide PREA Coordinator

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

### Facility Information

<b>Name of Facility:</b> Parkview Center			
<b>Physical Address:</b> 831 B. Street Anchorage, Alaska 99501			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> 907-290-5200			
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<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 Parkview Center RRC is to provide temporary housing, monitoring, and transitional services in a supervised environment in an effort to enhance public safety while assisting residents in becoming law-abiding and employable citizens able to (re)establish family and/or community ties in their respective communities in a positive way.

**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

<b>Name:</b> Michael Collier	<b>Title:</b> Facility Director
<b>Email:</b> mcollier@geogroup.com	<b>Telephone:</b> 907-290-5200 ext 341010

### Facility PREA Compliance Manager

<b>Name:</b> Monsurat Ojikutu	<b>Title:</b> Assistant Facility Director Programs /PREA Compliance Manager
<b>Email:</b> mojikutu@geogroup.com	<b>Telephone:</b> 907-290-5200 ext. 341003

### Facility Health Service Administrator

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

### Facility Characteristics

<b>Designated Facility Capacity:</b> 112	<b>Current Population of Facility:</b> 52 (the day of the audit)		
<b>Number of residents admitted to facility during the past 12 months</b>	385		
<b>Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:</b>	88		
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	143		
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	143		
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	0		
<b>Age Range of Population:</b>	<input checked="" type="checkbox"/> Adults 19-66	<input type="checkbox"/> Juveniles Adult facility only	<input type="checkbox"/> Youthful residents Adult facility only
<b>Average length of stay or time under supervision:</b>	1.5 months		
<b>Facility Security Level:</b>	Minimum		
<b>Resident Custody Levels:</b>	Minimum		
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	21		
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	8		
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	0		

### Physical Plant

<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 0
<b>Number of Multiple Occupancy Cell Housing Units:</b>	33 rooms
<b>Number of Open Bay/Dorm Housing Units:</b>	0

The facility utilizes a video surveillance system with forty (40) cameras; 4 exterior and 36 interior. The cameras provide twenty-four-hour monitoring of hallways, storage rooms, stairwells, common areas, recreation, laundry, and multipurpose dayroom, and the exterior of the building. The system provides administration and security monitors with real time views of the camera footage enabling the staff to respond to any unusual activities. The Auditor observed the camera monitors in the security booth and there was no cross-gender viewing. An overall security system was approved to update the current system including replacement and installation of all cameras with a more standardized camera make, model, and type to increase camera coverage especially in blind spots areas in the facility such as inside the elevator, stairwell, and other offices. The completion date was September 25, 2020. The project was almost complete at the time of the on-site audit, the project had delays due to COVID.

**Medical**

**Type of Medical Facility:**

N/A. The facility utilizes a local hospital and community facilities/services for medical and mental health services, the Children's Hospital of Providence.

**Forensic sexual assault medical exams are conducted at:**

Children's Hospital of Providence

**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 2 facility

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Parkview Center in Anchorage, 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 residents for the Alaska Department of Corrections (AKDOC) who have been released from incarceration and are reintegrating back into society. The facility does not house juveniles/youthful residents. This was the initial PREA audit for the facility, the facility was reactivated in June 2020. 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 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](http://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 Compliance Manager, the Facility Administrator, and the Assistant Facility Director of Programs, 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 Contract 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 interview 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 Facility Director, PREA Compliance Manager, Assistant Facility Director of Security, the agency's Regional Program Performance Manager and the agency's PREA Contract Compliance Manager (by phone). 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 Facility Director, the PREA Compliance Manager, and 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. The residents are provided masks for safety and must wear the masks outside of their housing area which included during the interview. The Facility Director, PREA Compliance Manager, 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 six allegations during the audit period. The facility does not house juveniles.

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 rooms, restrooms, program areas, main lobby/entrance area, multipurpose dayroom (utilized for visitation, programming, and recreation), administrative area, laundry, intake room, staff break room, maintenance area, and security booth/monitors station 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. None were noted. The residents have privacy during the state of undress, showering, and performing bodily functions within their housing rooms and restrooms. A posting outside of each housing room states, "Female staff must announce prior to entering." The residents interviewed stated they had privacy to change clothes, shower, and perform bodily functions without female 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 on each housing floor, common areas, program areas, and administrative areas.

Each floor of housing has PREA information posted strategically in the hallways on bulletin boards 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 numbers posted, all numbers connected and did not require a PIN or other identifying information. The Auditor also reviewed the logbooks 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 51-100. The resident population of 52 on the first day of the audit required at least sixteen resident interviews with at least eight from the target groups and eight random interviews. Sixteen (16) formal resident interviews were conducted, and six residents were informally interviewed during the facility tour, (42% of the 52 resident population). The random resident interviewees were selected by the Auditor from the resident housing roster provided by the facility. One resident was interviewed that was deaf. There were no residents from targeted categories (limited English proficient, transgender, gay/bisexual, who reported sexual abuse, and who disclosed sexual victimization). 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 and there was no PREA concerns at the facility.

A total of 15 staff were interviewed for 20 interview protocol and two staff informally (80% of the 21 staff). Staff was randomly selected from the three shifts and operational areas within the facility (8). Additionally, specialized staff were interviewed including the Facility Director, PREA Compliance Manager, Human Resource Manager, Investigator, Staff Who Perform Risk Screening (2), Incident Review Team (1), Staff Who Monitor for Retaliation (1), First Responder (1), and Intake staff (2). Although the facility had no cross-gender searches, a staff member was interviewed with the Non-Medical Staff Involved in Cross-Gender Strip or Visual Search interview protocol for the facility's process. 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 sexual abuse and sexual harassment allegations.

The Auditor also interviewed the Director of Forensic Services from the Children's Hospital at Providence regarding emergency medical treatment including forensic exams. The hospital is utilized for forensic examinations and emergency medical care. The Director stated, if the victim reports to the hospital all necessary services will be provided as indicated by the presenting symptoms. When a sexual assault victim appears they are medically stabilized and then Forensic Nursing is called as we are an off-site outpatient clinic. If the victim's injuries require hospitalization, a forensic nurse will respond to the hospital for the evaluation. Any services provided at the Forensic Nursing clinic are not billed and free for the victim. He also stated that all forensic exams are conducted by a Sexual Assault Forensic Nurse. The International Association of Forensic Nurses website verifies a SANE program through the Forensic Nursing Services of Providence, Alaska. The agency has attempted to enter into an agreement with Children's Hospital at Providence for SAFE/SANE and emergency medical treatment with no success. The last documented request was January 14, 2021. The hospital does not provide victim advocacy or counseling services. There were two allegations of sexual abuse, neither allegation required a forensic examination or emergency medical services.

The agency has attempted an MOU with Standing Together Against Rape (STAR) for victim advocacy



services. The organization responded that an MOU can not be established due to the wording of the PREA law itself in direct conflict with the Violence Against Women Act. The Executive Director of STAR stated STAR responds 24-hours a day to calls on the toll-free crisis line including from correctional facilities. STAR is the primary responder with the Anchorage Police Department and Alaska State Troopers for all investigations of sexual assault, especially those requiring a Sexual Assault Response Team (SART) response, generally for a report made within 120 hours or 5 days from the time of the incident. The Director also stated advocates support inmates reporting sexual abuse at the Anchorage SART clinic, during a forensic interview and forensic medical examination. STAR advocates also respond to hospital emergency rooms and medical clinics to support sexual abuse victims. STAR will assist anyone, including an inmate of a correctional facility, report sexual abuse. He expanded to state the organization can provide support and resources to inmates on the crisis line. STAR reserves the right to refuse service to sex offenders as a conflict of interest. While STAR will assist with initial reporting, STAR will decline to provide advocacy services in person to a sex offender. The Director also stated, A GEO Group correctional inmate has the same right to service as anyone through STAR; but we will not provide information to anyone else about a client without express written permission from the individual seeking service. The facility has a trained victim advocate (Facility Director) to accompany the resident during the forensic exam process, investigatory interview, and provide emotional support, crisis intervention and information, and referrals. The agency's Regional Contract Compliance Manager is also a trained victim advocate that can be utilized.

There were six allegations of staff-on-resident, two sexual harassment, two sexual abuse, and two voyeurism. One of the staff voyeurism cases was determined non-PREA related during the investigation. The two sexual harassment allegations were determined unsubstantiated. The two sexual abuse allegations were determined unfounded. The staff voyeurism allegation was determined unfounded. The investigations were completed by the specialized trained investigators. None of the investigative cases were determined criminal and therefore were not referred to an outside agency. The Auditor reviewed all of the investigation files.

The Auditor also reviewed staff personnel records, staff training records, and resident files. The Auditor observed two resident intake, risk screening, and classification. One of the residents was deaf.

An exit meeting was conducted by the Auditor at the completion of the on-site audit with the Facility Director, Regional Program Performance Manager, Assistant Facility Director of Programs/PREA Compliance Manager, Assistant Facility Director of Security, agency's Senior Area Manager (via video), and the agency's PREA Contract Compliance Manager (via phone). 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. Key facility staff during the audit included the 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 on six

standards.

115.216 Residents with Disabilities and Residents who are limited English Proficient

- The intake staff did not provide translation services for a deaf resident and were not aware of the appropriate steps to ensure that residents with disabilities have an equal opportunity to participate and benefit in all aspects of the agency's PREA efforts, including interpretation services.

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.
- There was no documentation to demonstrate the facility asks all applicants 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 if a resident alleges sexual abuse.

115.231(c) Employee Training

- Staff have not completed the PREA initial training and the annual training. Four of the six employee training files reviewed had no documentation of the required PREA training. Four staff had not completed the initial training and two staff had not completed the annual training per agency policy or every two years or as required by the standard.

115.241 Screening for Risk of Victimization and Abusiveness

- The intake staff had residents completing the risk screening tool on their own. The staff were not asking the questions as required by policy. Eight of the sixteen residents interviewed stated they were provided the form to complete. This Auditor was able to verify this occurred in three of the resident files.

115.253(b) Resident Access to Outside Confidential Support Services

- The facility does not provide information to the resident to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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. The facility should provide refresher training with staff 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.

#### 115.251 Resident Reporting

- Numerous staff were not aware of what third party reporting is and the requirement to accept a third-party report.

The facility may want to consider conducting mock drills for sexual abuse incidents to make the staff familiar with the first responder duties and the process.

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

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 Parkview Center is located in Anchorage, Alaska and was reactivated in June 2020. It is a community residential reentry facility that provides temporary housing for residents that are furloughs, electronic monitoring, and confined placements for the Alaska Department of Corrections. Residents receive assistance transitioning into the community to a life of responsibility and productivity. The facility's design capacity is 112. The facility houses only male adult residents and does not house juveniles/youthful residents. The average length of the residential stay is 1.5 months. The first day of the on-site audit, the population was 52.

Parkview Center is a five-story building located in downtown Anchorage. The first floor is composed primarily of staff offices including the AKDOC sentenced electronic monitoring offices, a security booth/monitors station, laundry room, intake room, elevator, storage room, conference/break room, female bathroom, male bathroom, and a multipurpose dayroom utilized for recreation, programming, computers, vending, visitation, and dining. There are three staff offices on the first floor consisting of the Facility Director's office, human resources, and the business manager. The second floor contains six resident apartments, administrative offices, storage room, and program office. The third, fourth, and fifth floors are identical and contain nine resident apartments and a case management office. The basement has only employee access and contains a maintenance tool room, mechanical room, boiler room, and storage spaces. The elevator to each floor is located midway on the floor in an alcove that contains a monitor station and two resident phones. Each floor hallway has three cameras covering the hallway and one on each stairwell (2).

Each resident apartment consists of two bedrooms (one bunkbed, and one single), restroom, and a

dayroom. The dayroom contains a couch, table, chairs, television, and Playstation video game console. The restroom with a door has a shower with a shower curtain and a toilet. One resident apartment on the 3<sup>rd</sup> floor has a different capacity two bedrooms with four bunk beds in one bedroom and 2 bunkbeds in the other bedroom. There are no cameras located in the resident apartments. Each apartment is supervised through indirect supervision with a roving security monitor that is required to make hourly rounds in each apartment. Each resident apartment is an individual unit that operates independently, allowing security monitors to interact directly and with smaller groups of residents. A sign outside each apartment states, "Female staff must announce prior to entering."

PREA information is provided to residents on PREA signage (Zero Tolerance poster, Sexual Assault Awareness Program pamphlet, and Resident Reporting Options) posted on bulletin boards throughout the facility in English, Spanish, and Yupik to include main dayroom, on each floor, and program areas. The information also informs the resident to contact the facility's PREA Compliance Manager. The PREA Audit notices were also posted throughout the facility. PREA information (Resident Reporting Options, PREA Zero Tolerance poster, and Sexual Assault Awareness Program pamphlet) is also posted by the resident phones on each floor in English and Spanish. The phones allow direct dial with no requirement of entering a PIN or identifying information. The phones do not permit long distance calls other than toll-free numbers. The case managers' offices have the Resident Reporting Options poster, Staff Reporting Options poster, and language line information. Staff reporting options have been placed throughout the facility including the administrative offices.

The Security Booth/Monitors Station coordinates the security, life safety, and communications for the facility. It is staffed 24 hours a day, 7 days a week. The security booth is the common post for the security monitors on shift. The facility cameras are observed through monitors within the security booth. The supervision round logbooks are maintained in the security booth. Inside the security booth are PREA Staff Reporting Options poster.

The facility operates with three eight-hour shifts: 12:00 am to 8:00 am; 8:00 am to 4:00 pm; and 4:00 pm to 12:00 am. The facility also utilizes 12-hour and 10-hour shifts as needed for staff coverage. Each shift has a minimum of three security monitors for resident population of 50 or more or two security monitors of resident population of 50 or less per contract. The security monitors provide the primary security and supervision of the residents. The security functions are supported through an Assistant Facility Director of Security, Security Monitors II (4), and Security Monitors I (17). The Facility Director stated if staffing is full and based on the resident capacity, the staffing plan has five security staff with one security monitor in the security booth, and one security monitor on each resident housing floors. The Facility Director also stated the required staff coverage has always been met through overtime or coverage by salary staff. Other staff positions include the Facility Director, Assistant Facility Director of Programs/PREA Compliance Manager, Case Managers (4), CWS Coordinator, Surveillance Security Monitor, Human Resource Manager, Business Manager, and Maintenance Technician. All staff receive the same training and can assist with staff coverage as needed. Of the 36 authorized staff positions, there were seven vacancies (20%). Resident supervision is conducted through hourly rounds on each resident housing floor and documented in logbooks.

The facility does not have medical or mental health services on-site. These services are provided within the community. For residents who are confined or furloughs, AKDOS is responsible for their medical care. Furlough residents can seek their own medical treatment through appointments with local doctors in the

community if approved through AKDOC medical. 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. 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.

The facility utilizes a video surveillance system with forty (40) cameras; 4 exterior and 36 interior. The cameras provide twenty-four-hour monitoring of hallways, storage rooms, stairwells, common areas, recreation, laundry, and multipurpose dayroom, and the exterior of the building. The system provides administration and security monitors with real time views of the camera footage enabling the staff to respond to any unusual activities. The Auditor observed the camera monitors in the security booth and there was no cross-gender viewing. An overall security system was approved to update the current system including replacement and installation of all cameras with a more standardized camera make, model, and type to increase camera coverage especially in blind spots areas in the facility such as inside the elevator, stairwell, and other offices. The completion date was September 25, 2020. The project was almost complete at the time of the on-site audit, the project had delays due to COVID.

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 Parkview Center RRC is to provide temporary housing, monitoring, and transitional services in a supervised environment in an effort to enhance public safety while assisting residents in becoming law-abiding and employable citizens able to (re)establish family and/or community ties in their respective communities in a positive way."

The facility is managed by a Facility Director, Assistant Facility Director of Security, and Assistant Facility Director of Programs.

## Summary of Audit Findings

The PREA Audit of the Parkview Center found forty-one (41) standards in compliance with three (3) of those standards exceeding the requirement of the standard. These standards are: 115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator; 115.217 Hiring and Promotion Decisions, and 115.231 Employee Training. 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: 3**

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

**Number of Standards Met: 38**

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  
115.232 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 six outstanding standards at the end of the on-site visit.

#### 115.216 Residents with Disabilities and Residents who are limited English Proficient

- The intake staff did not provide translation services for a deaf resident and were not aware of the appropriate steps to ensure that residents with disabilities have an equal opportunity to participate and benefit in all aspects of the agency's PREA efforts, including interpretation services.

Compliance Action Taken: During the on-site audit, the Facility Director provided a directive to all staff that stated, "If you encounter a resident with limited English proficiency or a resident who is deaf or hard of hearing, while conducting a PREA initial assessment, please note it in the comment section of their initial PREA assessment form. Also use the interpretation line for them. And then document (in the comment section) how you provided the information to the resident. Please be sure to inform the management team immediately about the resident's limitation so that a proper follow up can be done." After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered, if a Shift Supervisor encounters a resident with limited English proficiency or a resident who is deaf or hard of hearing, while conducting a PREA initial assessment, they are to note it in the comment section of their initial PREA assessment form. Use the interpretation line for the deaf resident (interpreter for sign language). And then document (in the comment section) how they provided the information to the resident. Also, they are to inform the management team immediately about the resident's limitation so that a proper follow up can be done. As a facility, we must ensure that residents with disabilities have an equal opportunity to participate and benefit in all aspects of the agency's PREA efforts, including interpretation services. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature. 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.

- There was no documentation to demonstrate the facility asks all applicants 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 background checks. All the documentation was completed during the appropriate timeframes. 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 facility should maintain all documentation within the personnel files. 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 if a resident alleges sexual abuse.

Compliance Action Taken: After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training contained the protocol for obtaining usable physical evidence. The training covered, "Let's go over the protocol for obtaining usable physical evidence if a resident alleges sexual abuse: secure the scene by taping off the area and ensuring that nobody is able to get to the scene to tamper with it. Have someone stand guard until all evidence can be collected, not allowing the victim or abuser to take any action that could destroy evidence, i.e. eating, drinking, going to the bathroom, brushing teeth, changing clothes, brushing their hair, etc." The agency provided the lesson plan and signed documentation verifying each employee completed the training through their signature. The provided documentation demonstrated substantial compliance.

#### 115.231(c) Employee Training

- Staff have not completed the PREA initial training and the annual training. Four of the six employee training files reviewed had no documentation of the required PREA training. Four staff had not completed the initial training and two staff had not completed the annual training per agency policy or every two years or as required by the standard.

Compliance Action Taken: The agency and facility provided the training forms/documents that were not available in the personnel training files during the on-site audit. Documentation provided included the Prison Rape Elimination (PREA) Basic Training Acknowledgement forms to document the initial and annual training for the four staff members. All the documentation was completed during the appropriate training timeframes. The facility should maintain all training documentation within the personnel training files. The provided documentation demonstrated substantial



compliance.

#### 115.241 Screening for Risk of Victimization and Abusiveness

- The intake staff had residents completing the risk screening tool on their own. The staff were not asking the questions as required by policy. Eight of the sixteen residents interviewed stated they were provided the form to complete. This Auditor was able to verify this occurred in three of the resident files.

Compliance Action Taken: During the on-site audit, the Facility Director provided a directive to all staff that stated, "Also worthy of note, the PREA initial assessment forms are to be completed by the Shift Supervisors NOT the residents. The form MUST be in the Shift Supervisor's handwriting NOT the resident's handwriting. The resident is NOT to fill out the assessment, they answer the questions, and we fill it out." After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered the staffs' responsibilities in conducting the risk assessment process. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature. The provided documentation demonstrated substantial compliance.

#### 115.253 Resident Access to Outside Confidential Support Services

- The facility does not provide information to the resident to the extent 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.

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. The facility should provide refresher training with staff 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: After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered the use of resident interpreters. The training shared, "Remember! Our policy prohibits the use of resident interpreters except in very limited circumstances where an extended delay in obtaining as effective interpreter

could compromise the resident's safety." The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature.

#### 115.251 Resident Reporting

- Numerous staff were not aware of what third party reporting is and the requirement to accept a third-party report.

Action Taken: After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered the staff's responsibility to accept a third-party report. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature.

## 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-five 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 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 Facility Director appointed the Assistant Facility Director of Programs as the facility's PREA Compliance Manager. The PREA Compliance Manager stated she has authority to coordinate the facility's efforts to comply with the PREA standards and enough time to manage all the PREA responsibilities. The PREA Compliance Manager stated her responsibilities include ensuring safety for all residents, addressing any PREA issues identified, ensure PREA protocols are followed, maintaining the At-Risk logs, ensure compliance with all PREA standards, monitoring retaliation, conducting investigations, conducting PREA rounds in the facility, ensure screening tools are used appropriately, and training staff and residents. If an issue is identified with compliance

concerns with a PREA standard, she would discuss the concern with the Facility Director and then develop a corrective action plan with appropriate staff which may contain policy changes, staff training, and any required corrective action. It is the responsibility of the PREA Compliance Manager to follow-up and ensure the corrective action was completed. During the interview with the PREA Compliance Manager, she 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. She maintains all the PREA documentation in her office. The documentation is well organized.

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 interviews with the Facility Director and PREA Compliance Manager, 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 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, "Parkview 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. In any circumstance where the staffing plan is not complied with, the Facility Director shall document and justify all deviations from the plan. Parkview Center facility management staff 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; the resources the facility has available to commit to ensure adherence to the staffing plan; and the management staff review shall assess, determines, and document prevailing staffing patterns." 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 112 The staffing plan is based on the design capacity and contract capacity of 112. The population during the audit was 52 residents and the average population for the last 12 months was 47.

The facility operates with three eight-hour shifts: 12:00 am to 8:00 am; 8:00 am to 4:00 pm; and 4:00 pm to 12:00 am. The facility also utilizes 12-hour and 10-hour shifts as needed for staff coverage. Each shift has a minimum of three security monitors for resident population of 50 or more or two security monitors of resident population of 50 or less per contract. The security monitors provide the primary security and supervision of the residents. The security functions are supported through an Assistant Facility Director of Security, Security Monitors II (4), and Security Monitors I (17). The Facility Director stated if staffing is full and based on the resident capacity, the staffing plan has five security staff with one security monitor in the security booth, and one security monitor on each resident housing floors. The Facility Director also stated the required staff coverage has always been met through overtime or coverage by salary staff. Other staff positions include the Facility Director, Assistant Facility Director of Programs/PREA Compliance Manager, Case Managers (4), CWS Coordinator, Surveillance Security Monitor, Human Resource Manager, Business Manager, and Maintenance Technician. The staffing requirement is documented within the AKDOC contract. All staff receive the same training and can assist with staff coverage as needed. Of the 36 authorized staff positions, there were seven vacancies (20%). Resident supervision is conducted through hourly rounds on each resident housing floor and documented in logbooks.

The 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 salary staff when needed to cover staff call-offs, vacancies, training, and leave requests. All overtime is documented on the daily shift roster. The Facility Director stated the staff schedule is reviewed daily to review staffing daily to ensure mandatory posts are covered, make any staff schedule changes, and review any overtime. 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 staffing plan, Annual PREA Facility Assessment - Reentry, was developed by the Facility Director, Security Manager, Alaska Senior Area Manager, Vice President of Residential Reentry Services with input from the agency's PREA Coordinator. The 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 23, 2020; and approved by the agency's Vice President of Residential Reentry Centers and the PREA Coordinator on September 28, 2020. The facility's assessment stated, "The facility has not deviated from the contractually approved staffing plan and has maintained the minimum staff-to-resident ratio during the review period. The facility utilizes overtime and staff scheduling adjustments to cover staff call-outs, vacancies, or to accommodate approved PTO requests." The facility's annual assessment must be submitted to the agency's PREA Coordinator for review annually as determined by each division. The Facility Director stated the written staffing plan is maintained by the agency and at the facility with accessibility to by the Facility Director and management. The Facility Administrator and PREA Compliance Manager stated staffing levels are considered based on the resident composition that may be housed at the facility which includes male disabled, and transgender residents and the facility has at least one male staff member on each shift. When considering the physical plant, the Facility Director and PREA Compliance Manager stated they review any blind spots, camera needs, and staff coverage on each floor based on the facility design, and at times they require extra rounds if an issue is identified. They also stated the review includes the prevalence of substantiated and unsubstantiated allegations and during their after-action reviews they determined there was a trend regarding pat-down searches.

The facility utilizes a video surveillance system with forty (40) cameras; 4 exterior and 36 interior. The cameras provide twenty-four-hour monitoring of hallways, storage rooms, stairwells, common areas, recreation, laundry, and multipurpose dayroom, and the exterior of the building. The system provides administration and security monitors with real time views of the camera footage enabling the staff to respond to any unusual activities. The Auditor observed the camera monitors in the security booth and there was no cross-gender viewing. Additional cameras were added prior to the activation of the facility. An overall security system was also approved to update the current system including replacement and installation of all cameras with a more standardized camera make, model, and type to increase camera coverage especially in blind spots areas in the facility such as inside the elevator, stairwell, and other offices. The completion date was September 25, 2020. The project was almost complete at the time of the on-site audit, the project had delays due to COVID.

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 2019-1 states, "Parkview 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 so as to be unpredictable and unexpected by front-line staff and/or residents. Parkview 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 facility management and mid-level supervisors are to document unannounced rounds a minimum of once a month for each shift using the PREA Unannounced Supervisor Rounds Form. 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 area by the security monitors and documented in a binder logbook at the monitor station on each resident housing floor and in the monitor station by shift supervisors and security monitors. The agency's policy 5.1.2-A states, "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 facility's policy 2019-2 states, "Employees are prohibited from alerting residents and/or other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." This is covered annually during training.

## 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 policy 2019-4 states, "Resident "Strip" searches and body cavity searches are prohibited and not conducted at Parkview 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 facility only houses adult male residents.

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." 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. 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. 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 Facility Director stated, "Parkview Center prohibits strip searching of residents. If the need arises, the client would be contacted to conduct the search. The facility does not conduct cross-gender pat-searches or visual body cavity searches." A staff member interviewed for the interview protocol for Non-Medical Staff Involved in Cross-Gender Strip of Visual Searches to confirm the facility's practice stated that staff could not perform cross-gender pat searches per contract and facility's policies. She expanded that a transgender resident may request which gender staff to pat search them. 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 housing room has a bathroom with a door that contains a shower with a shower curtain, sink, and a toilet. 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. 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. 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 first aid)." Staff are required to conduct cross-gender announcements upon entering a resident room. Staff indicated they announce female on the floor and again prior to entering the rooms. Cross-gender announcements were observed during the on-site audit. Residents interviewed stated that staff announce when entering their room. The opposite gender staff can't enter a bathroom 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 interviewed stated they receive a sense of privacy for changing clothes, performing bodily functions, and showering. 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." The facility's policy 2019-4 states, "Staff shall seek to identify individuals who are transgender or intersex upon delivery to Parkview Center at the time a referral is received by the contracting agency and/or during intake processing, based on available information from the referring agency, the individual (including the individual's stated gender identity, if any), and as developed by staff. When staff identifies as 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. Unless the referring agency written mandates otherwise, searches of transgender and intersex individuals shall be performed at Parkview Center either by a female staff only or asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. The preferred option will be documented on the Statement of Search Preference form. Using two staff, one male searching the bottom and one female searching the hop half of a transgender individual is strictly prohibited." Interviews with staff confirmed transgender or intersex residents are asked what gender staff they are most comfortable conducting the search. They also confirmed the facility's search 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 as stated by staff interviewed. This was also confirmed through the review of the training lesson plans reinforcing these policies in the annual training and review of staff training records. 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. Training records, Prison Rape Elimination Act (PREA) Basic Training Acknowledgement Forms, documented that all staff had completed the training. The PAQ also noted that all staff had completed the required training. When staff were randomly asked how a transgender pat-down search would be completed, most staff indicated the transgender/intersex resident could request the gender of the staff they are most comfortable with to conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand. This search would be documented on the Statement of Search Preference Form.

## **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, "Parkview 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, 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, available in the intake office, 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. The Facility Director stated, the facility provides the resident education manual in English, Spanish, and Yupik. If needed, the staff are available to read and explain the manual to intakes. In the event a resident does not speak or read a language the staff does, GEO contracts with a third party to provide translation services. A TDD phone is located in the intake room, and we have a contract with Language line. The facility currently employs 10 staff who speak (in no particular order) Tagalog, Spanish, Samoan, Hmong, Yupik, or Yoruba in addition to English." 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 Auditor observed an intake of a deaf resident. The intake staff (Security Monitor II) wrote down information to the resident, provided the resident with the PREA Education Manual for Residents, and had the resident watch the PREA video with subtitles. The intake staff member did not ask the resident if he could read prior to providing all the written PREA education or understand the information provided. The language line service was not utilized. The Auditor asked the resident through written communication if he knows sign language which he responded affirmative. The Auditor also interviewed the resident through written communication, the resident stated the PREA information was not provided in a manner he understood, that he did not need staff assistance or an interpreter that he was fine, and he could report to any staff member if needed in writing. After the intake, the Auditor asked the staff why the language line service was not utilized. The staff response was she did not think about it. The staff member did not follow policy or provide the resident with 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.

Did Not Meet: The intake staff did not provide translation services for a deaf resident and were not aware of the appropriate steps to ensure that residents with disabilities have an equal opportunity to participate and benefit in all aspects of the agency's PREA efforts, including interpretation services.

Compliance Action Taken: During the on-site audit, the Facility Director provided a directive to all staff that stated, "If you encounter a resident with limited English proficiency or a resident who is deaf or hard of hearing, while conducting a PREA initial assessment, please note it in the comment section of their initial PREA assessment form. Also use the interpretation line for them. And then document (in the comment section) how you provided the information to the resident. Please be sure to inform the management team immediately about the resident's limitation so that a proper follow up can be done." After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered, if a Shift Supervisor encounters a resident with limited English proficiency or a resident who is deaf or hard of hearing, while conducting a PREA initial assessment, they are to note it in the comment section of their initial PREA assessment form. Use the interpretation line for the deaf resident (interpreter for sign language). And then document (in the comment section) how they provided the information to the resident. Also, they are to inform the management team immediately about the resident's limitation so that a proper follow up can be done. As a facility, we must ensure that residents with disabilities have an equal opportunity to participate and benefit in all aspects of the agency's PREA efforts, including interpretation services. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature. The provided documentation demonstrated substantial compliance.

The agency's policy 5.1.2-A states, "Individuals in a GEO Facility or Program 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 individual's allegations. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report." The facility's policy mirrors the agency's policy. 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. A memo to file from the Facility Director stated, "Parkview Center used no resident interpreters, readers, or assistants during this review period. However, we do retain a contract with Language Line Services in the event an interpreter is needed. There is also a TDD phone in the intake room." Most staff interviewed indicated they would not utilize a resident as an interpreter, they would utilize a staff interpreter or the language line to communicate with a resident.

Recommendation: Numerous staff indicated they would use resident interpreters. The facility should provide refresher training with staff 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: After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered the use of resident interpreters. The training shared, "Remember! Our policy prohibits the use of resident interpreters except in very limited circumstances where an extended delay in obtaining as effective interpreter could compromise the resident's safety." The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature.

## 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 2019-1 mirrors the agency's policy.

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 Human Resource Manager interviewed indicated this information is asked of all applicants as part of the hiring and promotion process on the employment application and during the background check. She also stated the three administrative adjudication questions are asked as part of a demotion. Eight new employees were hired during the audit period. The Auditor reviewed eight employee personnel files; all employees were considered as new hires for this facility although six employees were transfers from other GEO facilities. The Auditor's review of the personnel files showed that two employee files did not contain all the required documentation; one did not contain an application form with the administrative adjudication questions and the other file did not have a background check. The regional office and the facility's Human Resource Manager obtained the background check and the employment application for the staff members. The documentation verified the employment application, and the background check was completed, reviewed, and approved prior to hiring. 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 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 facility's policy 2019-1 mirrors the agency's policy. The Human Resource Manager interviewed indicated the agency utilizes a third-party company, Accurate for initial background checks and the background checks required every five years. She also stated that AKDOC conducts initial background checks. For AKDOC, the employee must complete a Waiver and Authorization to Release Information to begin the background process. The facility is notified by AKDOC when the background check is cleared, and the facility receives a written notification of approval for hiring stated the Human Resource Manager during the interview. The agency's Human Resource office sends out an email to the employee to request the employee to submit information through the human resource system to complete the five-year background checks. The Human Resource Manager stated that GEO and AKDOC conduct five-year background checks on all employees. The employee personnel files were complaint with the employees' completed Disclosure Form utilized to capture the information for the 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 Auditor randomly selected eight employee files to review for the criminal background checks prior to hiring; seven had background checks completed prior to the hiring date. One file was missing the background check, this background check was provided to the Auditor after the on-site visit. Although the facility was activated just over a year, four employee files reviewed had five-year background checks, these employees were transfers from another GEO facility. The other four employee files did not have the length of service requiring a five-year background check. The facility has not utilized any contractors or volunteers since activation due to COVID, therefore there was no volunteer or contractor file to review.

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 Human Resource Manager 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 five employee files to review for the affirmative duty to disclose as part of the annual performance review. Five of the employee files had completed PREA Disclosure and Authorization Form Annual Performance Evaluation form, two files had the review conducted as part of a promotion, and the three employees without the forms were newly hired and an annual performance review was not required yet. The Human Resource Manager stated if there was an employee that affirmatively answered one of the administrative adjudication questions, it would be reported to the Facility Director who will report to AKDOC. The Facility Director can take action however, AKDOC makes final determination if the employee can continue working.

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. The Office Support Specialist interviewed confirmed the wording on the application and that a person 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 also 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 Human Resource Manager interviewed stated all information requests, internal and external, 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 the hiring process and is part of the background process. If the facility is contacted by an outside employer, a work number for Corporate is provided to the outside agency to receive any employee information. Prior to the agency disclosing information to the requesting employer, the staff member must sign a release of information.

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 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 not made a substantial expansion or modification to the existing building since activation. The only change was a resident room was converted into staff office space; the conversion had no effect on the safety of residents or physical security of the facility.

The facility installed additional cameras during the activation of the facility. An overall security system was also approved to update the current system including replacement and installation of all cameras with a more standardized camera make, model, and type to increase camera coverage especially in blind spots areas in the facility such as inside the elevator, stairwell, and other offices. The completion date was September 25, 2020. The project was almost complete at the time of the on-site audit, the project had delays due to COVID. Currently the facility utilizes a video surveillance system with forty (40) cameras; 4 exterior and 36 interior. The cameras provide twenty-four-hour monitoring of hallways, storage rooms, stairwells, common areas, recreation, laundry, and multipurpose dayroom, and the exterior of the building. The system provides administration and security monitors with real time views of the camera footage enabling the staff to respond to any unusual activities.

## 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 the 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 the facility's specialized trained investigators, or the agency specialized trained investigators located in Anchorage. The facility investigators start an administrative investigation as soon as the allegation is reported. If the agency investigator is assigned the investigation, 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 Anchorage Police Department and/or the Alaska State Troopers will be notified and conduct the criminal investigation. 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.

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 and some random staff 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, the residents would be separated, and the involved residents would be asked not to destroy evidence including not washing, bathing, brushing teeth, and changing clothes.

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: After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training contained the protocol for obtaining usable physical evidence. The training covered, "Let's go over the protocol for obtaining usable physical evidence if a resident alleges sexual abuse: secure the scene by taping off the area and ensuring that nobody is able to get to the scene to tamper with it. Have someone stand guard until all evidence can be collected, not allowing the victim or abuser to take any action that could destroy evidence, i.e. eating, drinking, going to the bathroom, brushing teeth, changing clothes, brushing their hair, etc." The agency provided the lesson plan and signed documentation verifying each employee completed the training through their signature. The provided documentation demonstrated substantial compliance.

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 Children's Hospital at Providence is utilized for forensic examinations and emergency medical care. The Director of Forensic Services from the Children's Hospital at Providence stated, if the victim reports to the hospital all necessary services will be provided as indicated by the presenting symptoms. When a sexual assault victim appears they are medically stabilized and then Forensic Nursing is called as we are an off-site outpatient clinic. If the victim's injuries require hospitalization, a forensic nurse will respond to the hospital for the evaluation. Any services provided at the Forensic Nursing clinic are not billed and free for the victim. He also stated that all forensic exams are conducted by a Sexual Assault Forensic Nurse. The International Association of Forensic Nurses website verifies a SANE program through the Forensic Nursing Services of Providence, Alaska. The agency has attempted to enter into an agreement with Children's Hospital at Providence for SAFE/SANE and emergency medical treatment with no success. The last documented request was January 14, 2021. There were two allegations of sexual abuse, neither allegation required a forensic examination or emergency medical services.

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 Children's Hospital at Providence does not provide victim advocacy or counseling services. The agency has attempted an MOU with Standing Together Against Rape (STAR) for victim advocacy services. The organization responded that an MOU cannot be established due to the wording of the PREA law itself in direct conflict with the Violence Against Women Act. The Executive Director of STAR stated STAR responds 24-hours a day to calls on the toll-free crisis line including from correctional facilities. STAR is the primary responder with the Anchorage Police Department and Alaska State Troopers for all investigations of sexual assault, especially those requiring a Sexual Assault Response Team (SART) response, generally for a report made within 120 hours or 5 days from the time of the incident. The Director also stated advocates support inmates reporting sexual abuse at the Anchorage SART clinic, during a forensic interview and forensic medical examination. STAR advocates also respond to hospital emergency rooms and medical clinics to support sexual abuse victims. STAR will assist anyone, including an inmate of a correctional facility, report sexual abuse. He expanded to state the organization can provide support and resources to inmates on the crisis line. STAR reserves the right to refuse service to sex offenders as a conflict of interest. While STAR will assist with initial reporting, STAR will decline to provide advocacy services in person to a sex offender. The Director also stated, A GEO Group correctional inmate has the same right to service as anyone through STAR; but we will not provide information to anyone else about a client without express written permission from the individual seeking service. The facility has a trained victim advocate (Facility Director) to accompany the resident during the forensic exam process, investigatory interview, and provide emotional support, crisis intervention and information, and referrals. The agency's Regional Contract Compliance Manager is also a trained victim advocate that can be utilized. A memo to file from the Facility Director states, "Parkview Center had no residents request for victim advocacy services during this review period."

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, "Parkview 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 Anchorage Police Department and/or the Alaska State Troopers. The facility has attempted MOUs as documented with the Anchorage Police Department and the Alaska State Troopers with no success.

There were six allegations of staff-on-resident, two sexual harassment, two sexual abuse, and two voyeurism. One of the staff voyeurism cases was determined non-PREA related during the investigation. The two sexual harassment allegations were determined unsubstantiated. The two sexual abuse allegations were determined unfounded. The staff voyeurism allegation was determined unfounded. The investigations were completed by the specialized trained investigators. None of the investigative cases were determined criminal and therefore were not referred to an outside agency. The Auditor reviewed

all of the investigation files.

Most staff were aware that the AKDOC has the authority to conduct a PREA investigation and if they defer, then the investigation would be completed by the PREA Compliance Manager. The PREA Compliance Manager is a specialized trained PREA investigator. It was shared with the facility administrator that some staff were unaware of who conducted the investigations. After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered who was responsible for conducting sexual abuse investigations. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature.

## 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 the facility's specialized trained investigators, or the agency specialized trained investigators located in Anchorage. The facility investigators start an administrative investigation as soon as the allegation is reported. If the agency investigator is assigned the investigation, 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 Anchorage Police Department and/or the Alaska State Troopers will be notified and 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 facility or agency and criminal investigations by outside agencies. He stated the investigation would be started immediately after notification following a report of sexual abuse or harassment. The Investigator's interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process.

There were six allegations of staff-on-resident, two sexual harassment, two sexual abuse, and two voyeurism. One of the staff voyeurism cases was determined non-PREA related during the investigation. The two sexual harassment allegations were determined unsubstantiated. The two sexual abuse allegations were determined unfounded. The staff voyeurism allegation was determined unfounded. The investigations were completed by the specialized trained investigators. None of the investigative cases were determined criminal and therefore were not referred to an outside agency. The Auditor reviewed all of the investigation files.

On the agency's website, [www.geogroup.com/PREA](http://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 that 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. Each employee is required to attend in-service annually. Staff also receive PREA Cross-Gender Training. During the staff interviews, staff acknowledged that additional training occurs during staff meetings with different PREA topics refreshers. Staff during interviews acknowledged the numerous methods they received training including pre-service, annually, and during staff meetings and understood their responsibilities for preventing, detecting, and responding to allegations of sexual abuse. The Pre-Audit Questionnaire indicated all staff had completed training. After staff interviews and review of training records; it was determined all facility staff have received training. A selection of eight staff training records was reviewed; four files had completed the pre-service training. The four employees without documentation in their training files were employees transferred from another facility. After the on-site audit, the PREA Compliance Manager and Human Resource Manager obtained the initial PREA training documentation for the four employees. All the initial training was

documented and in compliance. Six of the eight files contained documentation of annual in-service training, and all had the cross-gender training documentation. The two employees had completed their annual training at another facility prior to transfer to the facility. The PREA Compliance Manager and Human Resource Manager obtained the annual PREA training documentation for the two employees. The annual PREA training was documented and in compliance. Each staff member is provided and must carry the PREA Staff Responsibility Card; that outlines general PREA information and first responder duties.

Did Not Meet: The employee files did not document staff had completed the PREA initial training and the annual training. Four of the six employee training files reviewed had no documentation of the required PREA training. Four staff had not completed the initial training and two staff had not completed the annual training per agency policy or every two years or as required by the standard.

Compliance Action Taken: The agency and facility provided the training forms/documents that were not available in the personnel training files during the on-site audit. Documentation provided included the Prison Rape Elimination (PREA) Basic Training Acknowledgement forms to document the initial and annual training for the four staff members. All the documentation was completed during the appropriate training timeframes. The facility should maintain all training documentation within the personnel training files. The provided documentation demonstrated substantial compliance.

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. 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. Training documentation for all employees were documented on the PREA Basic Training Acknowledgement Form for the PREA initial and annual training.

The facility exceeds the training standard by requiring all staff to complete annual training instead of the standard's two-year requirement, refresher training at staff meetings, and the PREA Staff Responsibility Card informational card carried by staff.

## **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 any contractors or volunteers since activation due to COVID, therefore there were no volunteer or contractor files to review.

## 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 Parkview Center shall provide refresher information whenever an offender from another GEO facility is received to the facility. All current offenders in GEO Reentry Services - Parkview 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. 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 PREA 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 interviewed stated the PREA educational information is provided as soon as the resident arrives at the facility, usually within five minutes of the resident arriving and always within 24-hours. Although the facility's policy allows up to 7 days for comprehensive education, the education all occurs at admission to the facility through the handouts, staff reading and explaining the materials, and viewing the PREA video. The intake staff stated the intake process is the same for all residents including transfers. The Auditor observed the intake process of two residents including the PREA education training. The intake PREA education occurred in the intake room. The first resident was English speaking. The Auditor observed the intake staff member (Security Monitor II) reading the information to the resident, explaining the information, and showing the PREA video to the resident. The intake staff also directed the resident to the informational posters on the walls and making time to explain and answer questions regarding PREA. 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. Eight residents stated the PREA video was playing while they were completing the risk screening and some residents stated they never saw the video. Of the residents that stated they had not seen the video; the signed acknowledgement was in their files. One resident was specific that he did not see the video since the batteries were dead on the remote and staff told him he had already seen it. The staff member asked him to sign the acknowledgement in which he said he had. This information was shared with the facility administration. After the on-site audit, the facility conducted refresher training with staff that stated, "EVERY new intake MUST watch the PREA videos. There are no exceptions to this rule. It doesn't matter if a resident is a re-admit or a transfer from Cordova, all residents MUST watch the videos during their intake. The PREA movie should be viewed after or before the paperwork, to ensure they are paying attention for the duration of the video and getting proper education." The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature.

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 (TDD) 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 can utilize 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. The Facility Director stated, the facility provides the resident education manual in English, Spanish, and Yupik. If needed, the staff are available to read and explain the manual to intakes. In the event a resident does not speak or read a language the staff does, GEO contracts with a third party to provide translation services. A TDD phone is located in the intake room, and we have a contract with Language line. The facility currently employs 10 staff who speak (in no particular order) Tagalog, Spanish, Samoan, Hmong, Yupik, or Yoruba in addition to English.

The second intake the Auditor observed was of a deaf resident. The intake staff (Security Monitor II) wrote down information to the resident, provided the resident with the PREA Education Manual for Residents, and had the resident watch the PREA video with subtitles. The intake staff member did not ask the resident if he could read prior to providing all the written PREA education or understand the information provided. The language line service was not utilized. The Auditor asked the resident through written communication if he knows sign language which he responded affirmative. After the intake, the Auditor asked the staff why the language line service was not utilized to provide the PREA education.

The staff response was she did not think about it. The staff member did not provide meaningful education in a manner the resident understood. After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered, if a Shift Supervisor encounters a resident with limited English proficiency or a resident who is deaf or hard of hearing, while conducting a PREA initial assessment, they are to note it in the comment section of their initial PREA assessment form. Use the interpretation line for the deaf resident (interpreter for sign language). And then document (in the comment section) how they provided the information to the resident. Also, they are to 'inform the management team immediately about the resident's limitation so that a proper follow up can be done. As a facility, we must ensure that residents with disabilities have an equal opportunity to participate and benefit in all aspects of the agency's PREA efforts, including interpretation services. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature.

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, Spanish, and Yupik throughout the facility. The manual and posters are also provided in large print.

During the audit period, 385 residents were admitted to the facility with 88 transfers from another GEO community residential 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 or another GEO 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. The Auditor also reviewed sixteen 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 ten residents interviewed and during discussion with residents on the facility tour, residents acknowledged they have received PREA information upon arrival including the handbook, watching the PREA video (most), and staff explaining PREA to them. 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 at the facility or from the regional office in Anchorage. The facility utilizes the two specialized trained facility investigators and as needed the four specialized trained investigators from the regional office. All the facility and regional 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 training 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 and PREA Compliance Manager interviews, the review of the training certificates, and Prison Rape Elimination Act Basic Training Acknowledgement form with staff 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."

## **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 Children's Hospital at Providence for completion of the forensic

examinations and emergency medical care.

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 Facility Director states, "Parkview Center has no full/part-time medical/mental health care practitioners. All medical and mental health referrals are made to offsite providers."

## **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 Parkview Center shall be assessed during intake (and/or upon transfer) for their risk of being, sexually abused by another offender residing at Parkview Center or being sexually abusive towards another offender residing at the Parkview Center."

This risk screening occurs at admission into the facility with the use of the GEO Reentry Facilities PREA Risk Assessment Tool. The Security Monitors II are responsible for conducting the initial risk screening process. The risk screening must be conducted within twenty-four hours per agency and facility policies. The staff interviewed indicated that the risk screening will occur within 24 hours but usually within an hour of arrival utilizing the PREA Risk Assessment form. The facility had 385 residents admitted during the audit period with 312 with stays longer than 72 hours. The PAQ indicated that risk screening was completed on all residents as confirmed through staff interviews. A risk assessment is completed on every resident upon their admission. The Auditor sixteen resident files for the risk assessment tool; all the residents were screened on the day of arrival. The residents interviewed stated the risk screening was conducted upon arrival at the facility. Staff interviewed stated they also review write-ups that occurred in jail for sexual abuse, referral for at-risk behavior to medical and mental health services, and if management was notified of any at-risk behaviors. The staff also stated they ask the resident if they fear housing placement, how they feel about their own safety, and if they want to add any information or comments to the comment section.

During intake, the staff reviews any other available records (i.e. medical records, institutional files) and completes the PREA Risk Assessment Tool as part of the intake paperwork process. 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 two residents at intake, the Security Monitor II asked one resident 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 second resident was deaf. The Security Monitor II provided the risk assessment for the resident to read and complete. She communicated with the resident through written communication. The resident scored had no score for victimization or abusiveness. A resident that scores 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, eight residents stated staff asked them the questions and eight indicated that they were provided the form to fill out themselves. The Facility Director and PREA Compliance Manager reviewed the risk screening instruments with the Auditor. The Facility Director stated the assessments were completed by one staff member that was no longer employed at the facility and refresher training would be provided to intake staff. All residents indicated they were asked these questions on the day of their arrival and before they were assigned their room. The Auditor reviewed the PREA Risk Assessment Tools within the sixteen resident files and found all files compliant with the risk assessments completed on admission to the facility.

Did Not Meet: The intake staff had residents completing the risk screening tool on their own. The staff were not asking the questions as required by policy. Eight of the sixteen residents interviewed stated they were provided the form to complete. This Auditor was able to verify this occurred in at least three of the resident files.

Compliance Action Taken: During the on-site audit, the Facility Director provided a directive to all staff that stated, "Also worthy of note, the PREA initial assessment forms are to be completed by the Shift Supervisors NOT the residents. The form MUST be in the Shift Supervisor's handwriting NOT the resident's handwriting. The resident is NOT to fill out the assessment, they answer the questions, and we fill it out." After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered the staffs' responsibilities in conducting the risk assessment process. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature. The provided documentation demonstrated



substantial compliance.

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 1.5 months. The case managers are responsible for conducting the reassessments. Of the sixteen residents' files reviewed, eight residents were housed for a timeframe that required a reassessment. The reassessments were completed within the appropriate timeframe of thirty days. The PAQ indicated that all 143 residents were reassessed of the 143 residents that had a length of stay of over thirty days. The residents interviewed with length of stay longer than 30 days acknowledged being asked reassessed and stated it occurred within a few weeks of arriving at the facility by the case manager. The case managers interviewed stated the reassessment is usually completed within 15 days and the policy requires the reassessment to be completed within 30 days. Staff also stated a reassessment is completed when needed, when new information is received, or an allegation reported.

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." The case managers interviewed stated that disciplining residents for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The case managers interviewed also stated the resident does not have to answer questions and can refuse. If the resident refuses to answer they ask the resident is there is anything going on that they do not feel comfortable answering. The staff shared they will encourage the resident to answer by explaining it is help determine housing placement to protect them and the information is not shared and is confidential.

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." The case managers stated the Risk Assessment and Reassessment are maintained in the PREA Compliance Manager's office under lock and key. The Auditor observed the security of the files. Other than the intake staff and case managers, the only other staff with access to resident files is the PREA Compliance Manager/Assistant Facility Director of Programs, Facility Director, and facility staff as designated by 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 interviewed stated when the risk assessment indicates the resident scores as a potential victim or abuser, it is referred to the Facility Director and PREA Compliance Manager for review for housing and bed placement. The housing will be made after consideration of all viable options and the room placement will ensure that potential victims and potential abusers are housed separately. A keep separate is placed in the residents' files. The PREA Compliance Manager stated makes housing placements of potential victims are housed on the second floor (first floor of resident housing) closest to staff offices and potential victims and potential abusers are housed on separate floors. If a resident is identified at risk for victimization or abusiveness, they are placed on the At-Risk Log. The at-risk logs contain current housing locations and will be used to assist in making housing placements. At the time of the on-site audit, there were three residents on the Residents At-Risk for Being Victimized Log based on their risk screening. There were no residents on the Residents At-Risk for Being an Abuser Log or the LGBTI log.

The interviews with the case managers and the PREA Compliance Manager indicated that housing and program assignments are made on a case-by-case basis with consideration of the PREA risk factors. 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 the housing environment of the facility. Of the sixteen resident files reviewed, three of the residents were identified at risk for victimization and the residents declined referral for services.

The agency's policy 5.1.2-A states, "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 case management staff interviewed stated this is part of the intake process during the risk screening by asking the resident their own views of their safety. The staff stated if the resident needs to be housed separately, the facility would take appropriate action to house the resident separately and close to staff for monitoring. The

PREA Compliance Manager or an assigned case manager will meet with and reassess the transgender resident every six months utilizing the PREA Vulnerability Reassessment Questionnaire. There was one transgender resident housed during the audit period, the resident was not housed long enough for a reassessment. 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 a private bathroom with a door in the resident room which has a private toilet, shower, and wash basin. The bathroom and the showers with curtains located in the resident room bathroom afforded privacy to 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 does not place LGBTI residents in housing units solely based on their sexual orientation. The agency's policy 5.1.2-A and facility's policy 2019-3 indicates that LGBTI residents 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 judgement for the purpose of protecting such residents. At the time of the on-site audit, there were no transgender or intersex residents housed. 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." The PREA Compliance Manager also confirmed the practice and stated any LGBTI residents are mixed up within the resident population housing unless the risk assessment identifies other housing requirements.

## 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 information within the PREA Education Manual for Residents 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 Anchorage Police Department. The residents may report outside the agency by calling Anchorage 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. During the resident interviews, the residents acknowledged receiving information on how to report at intake, in the PREA Educational Manual for Residents, by staff telling them, and on posters. They were able to identify reporting methods including telling a staff member; writing to staff; communication form to staff; through a friend, family. or another resident; a grievance, call local police; and call the hotline. They acknowledged they could report anonymously through a note to staff (communication form) or through the phone numbers posted and the reports can stay confidential. The residents stated they would feel comfortable reporting to a staff member. Residents have accessibility to call through a facility resident phones located on each housing floor. The hotline numbers are posted near the phone outlets. The phone line allows for toll free calls, is not monitored, or requires a pin number. The Auditor tested a resident phone which connected to outside reporting agencies. 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. The six allegations during the audit period were reported to the PREA Compliance Manager in writing (3), a third-party report from an outside facility (2); and verbally to the PREA Compliance Manager (1). All the allegations were assigned for investigations immediately.

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](http://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; report to staff, third-party family or another resident, hotline numbers to call, and write staff. Staff were also knowledgeable their responsibility in the reporting process. They indicated they would report immediately to their supervisor, PREA Compliance Manager, and/or 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 not shared with anyone else and would only be shared on a need-to-know basis as directed. The Facility Director stated, “Staff are informed of the reporting methods during initial and annual training sessions. Staff reporting options posters are also located throughout the facility, as a reminder of reporting options. Additionally, staff wear first responder duty cards on their person which have a hotline number on them.” Staff can privately report through the internet to [www.reportonline.com/geogroup](http://www.reportonline.com/geogroup), by calling the employee hotline, or contacting the agency PREA Coordinator. Staff were aware of the methods to privately report sexual abuse by calling the corporate office hotline which is provided on the PREA Staff Responsibility Card. They acknowledged they could remain anonymous, and the report would be confidential. 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.

Recommendation: Numerous staff were not aware of what third party reporting is and the requirement to accept a third-party report.

Action Taken: After the on-site audit, each facility staff member completed Supplemental PREA Training on July 23, 2021. The Supplemental PREA Training covered the staff’s responsibility to accept a third-party report. The facility provided the lesson plan and signed documentation verifying each employee completed the training through their signature.

## **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 Parkview 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 the PREA Compliance 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. A memo to file from the Facility Director stated, "Parkview Center has not received any PREA related grievances during this review period." 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 states 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 attempted a MOU agreement for an outside confidential support services with an outside agency, Standing Together Against Rape (STAR) with no success. The STAR Executive Director stated

the organization can provide support and resources to inmates on the crisis line, however the primary thing holding up an MOU is that the wording of the PREA law itself is in direct conflict with the Violence Against Women Act. The Director also stated, STAR reserves the right to refuse service to sex offenders as a conflict of interest and a GEO Group correctional inmate has the same right to service as anyone through STAR; but we will not provide information to anyone else about a client without express written permission from the individual seeking service. The facility has a trained victim advocate (Facility Director) to provide emotional support, crisis intervention and information, and referrals. The agency's Regional Contract Compliance Manager is also a trained victim advocate that can be utilized.

The PREA Education Manual for Residents tells the residents that, "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." Two-thirds of the 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 Resident Reporting Option poster did not inform the residents calls are confidential and will not be monitored. The other residents stated that counseling would be available outside the facility and the facility provides contact information including phone numbers and addresses. The residents also stated they could contact the organizations at any time by phone and the organization would keep the information confidential.

Did Not Meet: The Resident Reporting Option poster did not inform the residents calls are confidential and will not be monitored.

Action Taken: After the on-site visit, 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 updated language states, "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 updated materials were provided on August 3, 2021. No further action was necessary for 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 the multipurpose dayroom/visitation area and in the staff areas. 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. Two of the six allegations were reported through third-party reports from an outside correctional facilities. All the allegations were assigned for investigations immediately.

## 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 states, "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 policy language for volunteer and contractor reporting mirrors that of the employee reporting policy language. The policy also expands 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, PREA Compliance Manager, and/or 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 not shared with anyone else and would only be shared on a need-to-know basis as 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 PREA Compliance Manager stated the facility has not had a reported incident with a resident under the age of 18 or considered a vulnerable adult. She stated if an allegation would occur, it would be reported to AKDOC, and the corporate office and the reporting form outlines what actions to be taken during the report process. 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, "Parkview Center had no PREA incidents involving vulnerable persons which required mandatory reporting to the State entity during this 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 PREA Compliance Manager stated every allegation received is placed in the portal for tracking and investigated. This was documented on the spreadsheet provided the Auditor. The allegation 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 for investigation. 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. The corporate agency and the AKDOC was notified of the five PREA staff-on-resident allegations reported during the audit period and the AKDOC authorized GEO/the facility to complete the investigations.

## 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 states, "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 indicated they would take immediate action to protect the resident by separating the resident from other residents and maintain the resident in a safe location and notify the Facility Director and/or the PREA Compliance Manager for further action. Staff indicated they would write an incident report as soon as possible after the situation was controlled. These responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The Facility Director and PREA Compliance Manager stated immediate action would be taken to separate the resident from the area to ensure safety. The resident would also be placed on the At-Risk for Being Victimized Log, if

warranted, for monitoring. Further action may include a housing location change or transfer to another facility if necessary. All staff interviewed knew the steps to take to protect a resident at risk for sexual abuse; to immediately separate the resident from the area to keep the resident safe and separate from other residents; notify the supervisor; and write an incident report. 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, "Parkview Center had no residents who were at risk of imminent abuse during this review period."

## 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 Facility Director stated any notifications of PREA allegations reported at the facility that occurred at another facility would be made immediately to the other facility for an investigation if an investigation was not completed prior. 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. A memo from the Facility Director stated, "Parkview Center had no notifications, and no allegations, of abuse at another confinement facility."

There were two allegations reported to the facility from other correctional facilities that an allegation occurred at Parkview Center. The facility started the investigation process as soon as the report was received as documented in the investigative files. The PREA Compliance Manager stated that an investigation would be started immediately as any other reported allegation.

## **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."

Through staff interviews, it was demonstrated that staff were knowledgeable in the steps 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, notify a supervisor, and document the incident in a report. First responder responsibilities are covered for all staff, security and non-security, 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 PREA Compliance Manager and/or Facility Director immediately and also request the resident not to destroy any evidence. They also stated they would start the first responder duties of separating the residents, protect the crime scene,

request the residents to take no action to destroy evidence, and remain with the alleged victim until a security staff member arrived. The facility had no allegations of resident-on-resident sexual abuse during the audit period. The five PREA incidents were staff-on-resident with only one reported to a staff member (PREA Compliance Manager) three months after the incident. A memo to file from the Facility Director stated, "Parkview Center has not had an incident which required implementing all first responder duties during this review period."

## 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 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 October 2020. 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. Coordination with staff is started through notifications and staff reporting to handle the appropriate activities under their responsibilities. The Plan also has an Emergency Response Contact Numbers sheet that includes local law enforcement, primary medical and mental health service provider, and mental health referral providers for staffs' reference. The facility indicated the Coordinated Response Plan is covered at pre-

service and annual in-service training with staff. The Facility Director stated the Coordinated Response Plan outlines responsibilities of each staff position including outside agencies and organizations and the required notifications to be made. He stated immediate action would be taken upon the reported allegation and if needed the resident would be taken to outside medical services and referrals made for any required services. A checklist, PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment, is utilized to document the dates and times of actions taken. The Facility Director and PREA Compliance Manager also stated each staff member carries the PREA Staff's Responsibility Card which outlines the first responder duties.

## **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.” A memo to file from the Facility Director stated, “Parkview Center does not have a collective bargaining unit.” The Facility Director stated and the PAQ noted there were no instances where a staff member, volunteer, or contractor was removed for allegations of sexual abuse. None of the staff-on-resident allegations were determined substantiated and required termination.

## 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 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 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. The Facility Director stated the facility conducts retaliation monitoring to protect residents and staff from retaliation.

The PREA Compliance Manager stated for retaliation monitoring of residents, she monitors disciplinary reports, work changes, and program changes. For staff she reviews work reassignments and negative performance reviews, and disciplinary reports to determine if retaliation is occurring. If retaliation is suspected or determined, protective measures would be taken immediately. For residents this would include housing change, transfer to another facility, and remove staff from the area with a no-contact order. For staff, the staff member may be placed on administrative leave, a work assignment change, and the staff member may request a transfer. The involved individuals would be monitored closely on a daily/weekly basis for a resident and on a monthly basis for staff and investigation would be started immediately, stated the PREA Compliance Manager. 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 PREA Compliance Manager stated if a resident did not feel safe at the facility, the resident could ask for a transfer. The alleged perpetrator, if a resident, would be removed from the facility. If a staff member is suspected of retaliation, the staff member would 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 the facility's advocate and for staff, it would be through the Employee Assistance Program (EAP). The Facility Director stated to protect a resident from retaliation, the resident may have a room or floor change, a staff no-contact order issued, and if needed would be transferred to another

facility. He also stated is retaliation is suspected an investigation would be started.

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 PREA Compliance Manager stated, 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 PREA Compliance Manager also 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 was five staff-on resident allegations during the audit period. The residents were monitored starting the week after the allegation and monitoring continued until the resident was released. The monitoring was documented on the Protection from Retaliation Log-Reentry. The log provided the date of the monitoring meeting with the resident, issues and concerns, any corrective action taken, and the signature of the resident and the monitoring staff member. No staff member was monitored for the audit period.

## 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 Anchorage 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 five staff-on-residents PREA allegations reported during the audit period. The investigations were initiated on the day of the reported allegation except for one sexual harassment that was started two days later. The investigations were completed promptly, three within one month, one within two months, and one within three months. One of the investigation that was completed within a month was reassigned to the regional investigator due to a staff action of failure of a timely investigation. The regional investigation was completed within five months. The AKDOC authorized GEO to complete all the investigations. The facility and regional investigators cannot close an investigation report until corporate reviews the report and makes the final 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. 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 facility and agency specialized trained investigators located in Anchorage. The facility has two specialized trained investigators, and the regional office 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. All the investigations for the audit period were completed by a specialized trained investigator. The Agency Head stated, "We have a cadre of staff in our division that have received PREA Specialized Investigations Training."

The Investigator stated in the interview that an investigation would start immediately upon receiving a reported allegation. A facility investigator will start an administrative investigation as soon as the allegation is reported. If the agency investigator is assigned the investigation, 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 Anchorage Police Department and/or the Alaska State Troopers will be notified and 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. 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 facility or agency and criminal investigations by outside agencies. The Investigator's interview confirmed the practices for PREA investigations, and the Investigator was knowledgeable of the investigation process.

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; 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 Anchorage 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 five allegations reported during the audit period. All but one of the investigations were initiated on the day of the allegation and completed in a timely manner. The one investigation was reassigned to the regional investigator due to a staff action of failure of a timely investigation. The investigative reports reviewed by the Auditor in the investigation files were 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 Facility Director stated, if evidence supports criminal prosecution, the case will be referred to local law enforcement; facility staff are not permitted to conduct compelled interviews, as it could potentially taint any potential criminal prosecution (this is addressed in the Miranda/Garrity section of PREA specialized investigator training). Staff are only authorized to conduct administrative investigations.

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 credibility 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 files, there was no truth telling device used during the investigative interviews.

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. In one of the investigation reports, it was identified an investigation was not timely started by staff. 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 investigative reports by the Auditor. The report is uploaded to the GEO Track System portal. The written investigative 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 before a case can be closed. 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 Anchorage 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 reported allegations during 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. All five PREA investigations completed for the audit period continued to completion after the alleged victims were released or removed from the facility.

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 the investigator's role to facilitate with the outside law enforcement agency and provide all information/documentation that is requested. The Investigator 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 files 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 PREA Compliance Manager 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 PREA Compliance Manager 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. All the investigations were staff-on-resident allegations. All of the residents were released or removed from the facility prior to the investigations being completed. A memo to file from the Facility Director stated, "All residents were released prior to the findings of investigations."

## 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 would be separated from the resident by a no-contact order or 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 were no violations by staff of the agency's policies related to sexual abuse or sexual harassment. None of the staff-on-resident allegations were substantiated. A memo to file from the Facility Director stated, "Parkview Center had no staff disciplined as a result of PREA allegations during this 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 stated that a contractor or volunteer that violated agency or facility policies would have access to the facility removed and approval would not be approved again. Notification would also be made to AKDOC. During the audit period, there were volunteers or contractors working at the facility since the reactivation due to COVID protocols. A memo to file from the Facility Director stated, "Parkview Center had no contractors or volunteers involved in PREA related allegations during this 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, if any should be imposed." The Facility Director stated 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 contact 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 Facility Director that stated, "Parkview Center had no residents who were disciplined as a result of a PREA violation during



the review period.” There were no reported resident-on-resident PREA allegations.

## 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 onsite. The medical services are available to the resident through community resources at the Children's Hospital at Providence. 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 alleged victims of sexual assault who require a forensic exam are taken to Children's Hospital at Providence emergency room for completion of the forensic exam and any emergency medical healthcare with no cost to the resident. The Director of Forensic Services from the Children's Hospital at Providence stated, if the victim reports to the hospital all necessary services will be provided as indicated by the presenting symptoms. When a sexual assault victim appears they are medically stabilized and then Forensic Nursing is called as we are an off-site outpatient clinic. If the victim's injuries require hospitalization, a forensic nurse will respond to the hospital for the evaluation. Any services provided at the Forensic Nursing clinic are not billed and free for the victim. He also stated that all forensic exams are conducted by a Sexual Assault Forensic Nurse. The International Association of Forensic Nurses website verifies a SANE program through the Forensic Nursing Services of Providence, Alaska. The agency has attempted to enter into an agreement with Children's Hospital at Providence for SAFE/SANE and emergency medical treatment with no success. The last documented request was January 14, 2021. There were two allegations of sexual abuse, neither allegation required a forensic examination or emergency medical services. All residents would receive a referral to outside mental health services as needed.

All staff are trained in CPR, first aid, and AED usage. During the staff interviews, they were knowledgeable in their roles as first responders and the referral of the resident to medical services. A memo to file from the Facility Director stated, "Parkview Center had no victims referred offsite for emergency medical or mental health services during this 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 Children’s Hospital at Providence. The agency’s policy 5.1.2-A and the facility’s policy 2019-6 state, “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 does not house female residents.

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 alleged victims of sexual assault who require a forensic exam are taken to Children’s Hospital at Providence emergency room for completion of the forensic exam and any emergency medical healthcare with no cost to the resident. The Director of Forensic Services from the Children’s Hospital at Providence stated, if the victim reports to the hospital all necessary services will be provided as indicated by the presenting symptoms. When a sexual assault victim appears they are medically stabilized and then Forensic Nursing is called as we are an off-site outpatient clinic. If the victim’s injuries require hospitalization, a forensic nurse will respond to the hospital for the evaluation. Any services provided at the Forensic Nursing clinic are not billed and free for the victim. He also stated that all forensic exams are conducted by a Sexual Assault Forensic Nurse. The International Association of Forensic Nurses website verifies a SANE program through the Forensic Nursing Services of Providence, Alaska. 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. None of the allegations for the audit period required outside medical services, a forensic medical exam, or follow-up services. All residents would receive a referral to outside mental health services as needed.

The agency policy 5.1.2-A 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 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 sixteen resident files reviewed, three of the residents scored as a potential victim. The residents were offered a referral for mental health services, all three residents declined as noted on their risk assessment form and confirmed through the interviews with the residents.

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 and sex offender treatment services are provided through local outside agencies. There was no resident on resident reported allegations during the audit period.

A memo to file from the Facility Director stated, "No ongoing medical or mental health care plan was needed/implemented 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 Facility Director and PREA Compliance Manager stated the team consists of the Facility Director and the Assistant Facility Directors, PREA Compliance Manager, the Regional Contract Compliance Manager, Investigator, and other staff as deemed necessary. 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 PREA Compliance Manager stated she is part of the committee and ensures the review occurs within 30 days and forwarded to the corporate office within 10 days. The PREA Compliance Manager also stated if there is any task or action to be taken, the committee sets a timeframe for completion and her responsibility is to ensure the actions are completed.

The Incident Review Team members stated they review the outcome of the case, steps taken during investigation, and corrective actions. They also identified all the components reviewed in an After-Action Review. They noted their review for motivation includes resident history, bullying, race, sexual orientation, and ethnicity. For the incident physical area, they review for blind spots and cameras views. When reviewing adequacy of staffing, they review who was on shift, were the staff trained, did the staff sign-off on post orders, staffing level adequate, are staff conducting rounds, did staff fail to act, and was policy and procedures followed. For monitoring technology, are the cameras working, lack of cameras in the area, and the placement of cameras. The incident review team interviewed stated there are no trends noted.

The Auditor reviewed the PREA After-Action Review Report for the two cases where the outcomes were determined unsubstantiated. The other three investigation outcomes were unfounded. The PREA After-Action review were conducted the day the investigation was completed by the Incident Review Team

consisting of the Facility Director and the Assistant Facility Directors, and PREA Compliance Manager. One review noted that staff needed retraining on the proper court procedures. The training was completed with the staff members. No further recommendations were 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, and recommendations for post-release treatment, if necessary. 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 as observed by the Auditor in the Assistant Facility Director of Programs/PREA Compliance Manager's office. 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](http://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, and recommendations for post-release treatment, if necessary. The agency's PREA Division reviews all data collected in order to access 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 finding 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](http://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 PREA Compliance Manager secures all facility data in a locked file cabinet within 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. The Investigator indicated that all hard copy files are maintained and secured in a locked office in a locked cabinet at the facility or at the regional office. 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](http://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 first PREA audit for the facility which was reactivated in June 2020.

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. 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](http://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 first PREA audit for the facility.

**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**