

FACILITY INFORMATION	
Facility Name:	Anchorage Correctional Facility
Date of last PREA audit:	February 5, 2020
Physical Address:	1400 East 4th Avenue, Anchorage, Alaska 99501
Mailing Address:	1400 East 4th Avenue, Anchorage, Alaska 99501
Superintendent:	Arnaldo Hernandez
Prea Compliance Manager:	Kaleb Jones

FACILITY CHARACTERISTICS	
Maximum Capacity	863
Current population of facility:	767
Average Daily population for the past 12 months:	802
Age range of population:	19-80
Avg. Length of stay or time under supervision:	Not Provided
Number of inmates admitted to the facility during the past 12 months:	12,304
Number of inmates admitted to facility during the past 12 months whose length of stay was for 72 hours or more:	Not Provided
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	Not Provided

Audit Processes

Pre-Audit Phase:

The facility provided the supporting documentation and information for the Pre-Audit Questionnaire. However, the questionnaire was missing statistics related to data inquiries due to issues with statistical research.

On-Site Phase:

On December 18, 2024, an on-site visit was conducted at the Anchorage Correctional Center. A facility walk through was accomplished along with a guided tour of the video monitoring system. Documents and literature related to sexual safety were present in all housing modules, common areas, staff break rooms and visiting area. Interviews were conducted with staff and specialized staff.

Summary of Audit Findings

The following summary is not a complete evaluation of all federal standards as they apply to a Department of Justice certification. This summary is for a total of 11 standards and their sub-standards as they apply to the Prison and Jail Standards. This audit tool is accomplished with an internal review of Agency level compliance and was specific to the mindset of facility level compliance for the standards. This audit is an internal review of these facilities preparedness for a full DOJ audit and the processes for certification.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 7

Standards Not Met

Number of Standards Not Met: 4
List of Standards Not Met: 115.13, 115.17, 115.33, 115.41

Audit Findings

115.11--- Zero Tolerance of sexual abuse and sexual harassment

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☒ Meets Standard
- ☐ Does Not Meet Standard

Evidence Reviewed:

- AKDOC Policy 808.19
- Memorandums of Compliance
- GCCC Organizational Chart
- AKDOC Organizational Chart

Discussion:

The AKDOC policy 808.19, Sexual Abuse/Sexual Assault and Reporting was reviewed. The policy provided the Departments and facilities approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy provides definitions of prohibited behaviors and sanctions for those prohibited behaviors.

Organization chart for the Alaska State of Alaska, Department of Corrections was reviewed. The agency employs an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The Anchorage Correctional Center employs a Staff Sergeant who is the designated PREA compliance Manager. The Staff Sergeant oversees the facility's efforts to comply with the PREA standards.

115.13---Supervision and monitoring

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☐ Meets Standard
- ☒ Does Not Meet Standard

Evidence Reviewed:

- AKDOC Policy 808.19
- AKDOC Policy 102.04
- GCCC Staffing Plan
- Interview with Superintendent and Compliance Manager

Discussion:

The facilities annual staffing plan was reviewed for compliance with the considerations for the Department to ensure that the facility document and develop and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse.

The facilities staffing plan is centered on AKDOC policy 102.04 which implements the requirements of the standard. The staffing plan does not specifically address each component that is required by policy. However, interviews with the PREA compliance manager supported compliance with this standard as each component is a consideration in formulating the annual staffing plan.

The facility related that no deviations to the staffing plan had occurred during the audit period and therefore, had no common reasons for any deviation.

In documenting compliance with the facility requiring that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility did not have enough documentation to indicate that this requirement was being met for all shifts for a substantial amount of time.

Corrective Action:

It is recommended the facility continue to document compliance with this requirement for all shifts, for a minimum of six months. The facility shall provide documentation of this to the Auditor prior to finalization of the audit report. At the time of the final report verification, the facility had not produced documentation to support compliance with this standard.

115.15---Limits to cross-gender viewing and searches

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☒ Meets Standard
- ☐ Does Not Meet Standard

Evidence Reviewed:

- AKDOC policy 811.04
- Staff interviews
- Camera Views
- Physical walk through of the housing units
- Training files and documentation

Discussion:

The Anchorage Correctional Complex (ACC) houses males only and does not permit cross gender strip searches of the inmate population. Policy provides for exigent circumstances with provisions for documentation on those occasions. However, no incidents of this have occurred at the facility.

At the time of the audit, the facility has not implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). A review of the camera system did not have screening in place to prevent opposite gender viewing. At the time of the audit, the facility stated they would be able to comply with this requirement, with digital screening or in sensitive areas such as booking an alternative to place themselves in compliance.

ACC utilizes signs in all housing modules to remind the inmate population that opposite gender staff may be present throughout the day. ACC's female staff announce themselves upon arrival within any of the housing units.

The facility has a requirement to train security staff in conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. The facility utilizes this Moss Groups Training materials in the requirement. An interview with the training department revealed compliance within this requirement.

115.17---Hiring and promotion decisions

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☐ Meets Standard
- ☒ Does Not Meet Standard

Evidence Reviewed:

- Pre-Audit Questionnaire
- Compliance Manager interviews
- AKDOC Policy 808.19

Discussion:

Agency policy requires the consideration of 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 inmates. Furthermore, AKDOC policy 808.19 provides for background checks of all staff every five years.

However, the facility did not have documentation for the background checks involving the Alaska Public Safety Information Network, National Crime Information Center or Alaska Court View for security or staff with contact with inmates. Contractors and Vendors are checked yearly.

Corrective Action:

The facility will need to complete its background checks on all staff who have contact with inmates and document this requirement as outlined in policy 808.19 and 115.17 (e) via spreadsheet or database. Documentation for this requirement had not been provided prior to the finalization of the final report.

115.32---Volunteer and contractor training

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☒ Meets Standard
- ☐ Does Not Meet Standard

Evidence Reviewed:

- Training records
- AKDOC policy 808.19
- PREA Compliance Manager interview
- Pre-Audit Questionnaire
- Documentation memorandums
- Specialized Interview

Discussion:

Memorandums and discussion with staff revealed compliance with contractors and volunteers having received their bi-annual training. The facility reports a total of 27 contractors and volunteers who fit these criteria.

The facility currently utilizes an attendance record with the staff member's signature. The attendance record does not include a statement of understanding of the training materials. However, the understanding of training is given in a digital format and recorded in this format.

115.33---Inmate education

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☐ Meets Standard
- ☒ Does Not Meet Standard

Evidence Reviewed:

- Pre-Audit Questionnaire
- AKDOC Policy 808.19
- Inmate Files
- Specialized Interview

Discussion:

Inmates do not currently receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates when housed in the intake module have an opportunity to view the intake video multiple times during the day. When the video is playing staff will annotate within the log when the educational material is available. In order for inmates to hear the material being presented, a transistor radio or device must be tuned to the frequency to hear the information on the screen.

The facility was not audited for compliance with the requirement to provide information upon initial intake/arrival at the facility. While speaking with intake staff, it did not appear to be occurring. The facility will be given the materials needed along with the signature forms for the initial intake. However, since this requirement was not audited it is only mentioned in this format for documentation.

Corrective Action:

It is recommended that a change in processes occur at the facility, so that a physical orientation can occur in accordance with AKDOC Policy 811.08 and to the requirements of Federal Standard 115.33. It is further recommended that the addition of a Criminal Justice Technician be employed in the intake module. The addition of this staff member will ensure that orientation can occur and can assist with other duties such as risk screening.

115.35---Specialized training

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☒ Meets Standard
- ☐ Does Not Meet Standard

Evidence Reviewed:

- Training rosters
- Pre-Audit Questionnaire
- Specialized Interview

Discussion:

The facilities documentation for specialized staff with medical and mental health staff indicated compliance with the training requirements outlined in 808.19. Training compliance was verified with the Training Sergeant.

115.41---Screening and risk of victimization and abusiveness

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☐ Meets Standard
- ☒ Does Not Meet Standard

Evidence Reviewed:

- Pre-Audit Questionnaire
- Specialized interview
- Review and internal audit of the offender management system

Discussion:

The facility did not provide documentation ensuring compliance with these requirements. An internal review of the offender management system revealed the facility was not compliant with the required initial and 30 day re-assessments. Interviews with specialized staff revealed the complexity of accomplishing the assessments within time frames, given the volume of inmates booked at this facility.

Corrective Action:

The facility currently relies on a procedure for accomplishing the initial assessment that utilizes medical staff to perform a portion of the risk assessment, followed by a Probation Officer completing the last portion of the assessment. If this system can be maintained, it will achieve the initial risk assessment within the time frames. However, 30 day risk assessment and transfer assessments will need a procedure for ensuring completion.

It is recommended that a criminal justice technician be employed to work within the intake module accomplishing risk assessments and can be utilized as described in the corrective action for standard 115. 33.

At the completion of the corrective action period a review of risk assessments was conducted, which did not show an improvement in completing the re-assessments and transfer assessments conducted by the facility.

115.51---Inmate reporting

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☒ Meets Standard
- ☐ Does Not Meet Standard

Evidence Reviewed:

- Pre-Audit Questionnaire
- Staff Interviews
- Facility Walkthrough
- AKDOC policy 808.19

Discussion:

The Department has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

PREA Facility Audit Report: ☐ **Interim** ☒ **Final**

Staff posters and information relating to staff reporting incidents of sexual abuse and harassment/retaliation are available in all staff areas. Staff interviewed were aware of the information.

115.73---Reporting to inmates

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☒ Meets Standard
- ☐ Does Not Meet Standard

Evidence Reviewed:

- Pre-Audit Questionnaire
- Interview with PCM
- AKDOC Policy 808.20

Discussion:

The facility implements the requirements of policy and the standard 115.73. ACC follows up with the investigative authority for criminal investigations, as to the progress of cases and the status of any referrals to the District Attorney's office. The facility had examples of this follow through. However, they did not have any examples for the audit period of staff related sex abuse cases and the requirements for notification to the victim. Staff were aware of their responsibilities related to notification.

115.81---Medical and mental health screenings

Overall Compliance Determination:

- ☐ Exceeds Standard
- ☒ Meets Standard
- ☐ Does Not Meet Standard

Evidence Reviewed:

- Pre-Audit Questionnaire
- Specialized Staff interviews
- PREA Compliance Manger Interview
- Memorandums of compliance
- Inmate records

Discussion:

All inmates at this facility who have disclosed any prior sexual victimization during their risk assessment screening are offered a follow-up meeting with a mental health practitioner. Documentation of forms indicating compliance with this requirement were provided. Interviews with mental health staff verified that this occurs within 14 days.

Documentation of this requirement was provided with the referral form. However, documentation for the meeting is maintained within the Electronic Health Record and is difficult to be presented for verification. Staff related that this occurs and that informed consent is provided to the inmate at the time of the meeting.

Report Completed by:

Johnnie Wallace/ *Johnnie Wallace*
Printed Name/Signature

5/19/25

Date