

FACILITY INFORMATION	
Facility Name:	Goose Creek Correctional Facility
Date of last PREA audit:	September 21, 2014
Physical Address:	22301 West Alsop Road, Wasilla, AK. 99654
Mailing Address:	P.O. Box 877790, Wasilla, AK. 99687-7790
Superintendent:	Sarah Angol
Prea Compliance Manager:	Jared Hermon and Andrew Zoerb

FACILITY CHARACTERISTICS	
Maximum Capacity	1472
Current population of facility:	1408
Average Daily population for the past 12 months:	1253
Age range of population:	18-92
Avg. Length of stay or time under supervision:	165
Number of inmates admitted to the facility during the past 12 months:	3078
Number of inmates admitted to facility during the past 12 months whose length of stay was for 72 hour or more:	2982
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1807

Audit Processes

Pre-Audit Phase:

The facility provided the supporting documentation and information for the Pre-Audit Questionnaire in a timely manner, 30 days prior to the physical audit of the facility. The questionnaire was missing statistics related to data inquires. However, this information was provided at a later date.

On-Site Phase:

On September 17, 2024, through September 19, 2024, an on-site visit was conducted at the Goose Creek Correctional Facility. A facility walk through was accomplished along with a guided tour of the video monitoring system. Documents and literature related to sexual safety was present in all housing modules, common areas, staff break rooms and visiting area. Interviews were conducted with management, staff, specialized staff and inmates.

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 this 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: 8

Standards Not Met

Number of Standards Not Met: 3
List of Standards Not Met: 115.17, 115.32 and 115.35

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 charts for the Goose Creek Correctional Center and for the Alaska State of 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 Goose Creek Correctional Center employs a Lieutenant who is the designated PREA compliance Manager. The lieutenant 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
- 1208.04 logs

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. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of 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 superintendent and 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 audit report.

Corrective Action Findings:

The facility provided documentation in the form of the PREA unannounced logs for weekly inspections of the facility during different shifts for a period of eight months. The facility has ingrained the practice of unannounced inspections that meets the requirements of 115.13.

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
- Training files spread sheet

Discussion:

Goose Creek Correctional Center houses males only and does not permit cross gender strip searches of the inmate population. Policy provides for exigent circumstances with provisions for documentation in those occasions. However, no incidents of this have occurred at the facility.

The facility has 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).

The facility doesn't utilize cameras within the cells and a physical check of the camera views didn't relate to any viewing of inmates within the shared bathroom areas.

GCCC utilizes signs in all housing module to remind the inmate population that opposite gender staff may be present throughout the day. Furthermore, twice a day at shift change, an announcement is made within the housing module that staff of the opposite gender may be present in the module throughout the shift. Interpretations of the standards requirements do not take into account of the size of a housing unit and the disruptions to housing units activities when a formal announcement is made upon the entry into the unit via loudspeaker. Due to the size of the housing units at GCCC and disruptions to housing module activity, the facilities procedures involving permanent signage and twice a day announcements at shift change, is an appropriate and meaningful application of the federal requirements.

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. However, a review of the training roster revealed that not all staff had been training in this requirement or were behind on the training requirements.

Corrective Action:

It is recommended that the facility continue with its approach to completing all security staff's training requirements. Once documents have been received regarding security staff's compliance with this requirement the facility will be compliant with this standard.

Corrective Action Finding:

The facility provided documentation of security staff's training regarding cross gender pat searches. Initial documentation indicated a completion ratio of 89% compliance. However, upon closer review the documentation showed 7 staff members out of compliance with only 4 of those staff members with the job requirements for this requirement. This would bring the total ratio of compliance to 98%. The facility is continuing to meet the requirement with ongoing training. Language within the standard does not state 100 percent compliance. Therefore, in lieu of the high level of compliance and the facilities continuing efforts, GCCC is considered to be compliant with this requirement.

115.17---Hiring and promotion decisions

Overall Compliance Determination:

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

Evidence Reviewed:

- Pre-Audit Questionnaire
- Management and 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.

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

Discussion:

Memorandums and discussion with staff revealed non-compliance with contractors and volunteers having received their bi-annual training. The facility reports a total of 39 contractors and volunteers who fit these criteria and report numerous contractors and volunteers out of compliance.

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.

Corrective Action:

The facility has begun notifying those out of compliance contractors and volunteers to complete the training so that documentation can be received. The facility will need to add a disclaimer with the attendance roster that acknowledges understanding of the material.

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 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 receive this within 30 days of arrival at the facility while housed in the Special Management Unit. If an inmate is transferred to the facility in Administrative Segregation Status, the inmate is placed into Special Management Unit upon completion of any segregation time so that intake and familiarization with the facility rules can be accomplished.

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.

115.35---Specialized training

Overall Compliance Determination:

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

Evidence Reviewed:

- Training rosters
- Pre-Audit Questionnaire

Discussion:

The facilities documentation for specialized staff with medical and mental health staff indicated non-compliance with the training requirements outlined in 808.19.

Corrective Action:

The facility will need to bring all medical and mental health staff into compliance with policy 808.19 and federal standards 115.31 and 115.35. The training materials do meet these requirements. However, not all staff are trained at the intervals required by standards and policy.

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:

While completing the audit of the facility and verifying compliance with the documentation regarding meeting timeframes the facility related difficulties in attempts to retrieve the documentation from the offender management programmers. However, this component of the offender management program has never been developed. Staff interviewed and staff questioned regarding this compliance requirement, all indicated that timelines for completing the risk assessment were being met. Furthermore, staff related that additional staff were being utilized to meet the requirements due to staffing shortages for probation officers.

An internal audit and review of the inmate population revealed compliance with initial and with 30 day re-assessments of inmates for their risk for sexual abuse.

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.

Staff posters and information relating to staff reporting incidents of sexual abuse and harassment/retaliation is available in all staff areas. Staff interviewed were aware of the information, but not all ways available to them for private reporting. This information is available within the staff posters and the PREA annual training.

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 documentation provided for the pre-audit questionnaire did not respond directly to this requirement or to the intent of the standard. However, after speaking with the PREA Compliance Manager and review of the AKDOC policy, the facility does implement the requirements of policy and standard 115.73. GCCC follow-ups 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. Any Court rulings that are made are related to victims of sexual abuse. The facility did not have any examples for the audit period of staff related sex abuse cases and the requirements for notification to the victim. However, staff was 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 Manager Interview
- Memorandums of compliance
- Inmate records

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

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 of 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

2/20/25

Printed Name/Signature

Date

PREA Coordinator