

FACILITY INFORMATION	
Facility Name:	Palmer Correctional Center
Date of last PREA audit:	September 21, 2014
Physical Address:	Mile 58 Old Glenn Highway, Palmer, Alaska 99645
Mailing Address:	P.O. Box 919, Palmer, Alaska 99645
Superintendent:	Jason Hamilton
Prea Compliance Manager:	Michael Bowman and Roger Wright

FACILITY CHARACTERISTICS	
Maximum Capacity	503
Current population of facility:	484
Average Daily population for the past 12 months:	484
Age range of population:	18-92
Avg. Length of stay or time under supervision:	Not Provided
Number of inmates admitted to the facility during the past 12 months:	274
Number of inmates admitted to facility during the past 12 months whose length of stay was for 72 hour or more:	274
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	274

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## Audit Processes

### Pre-Audit Phase:

The facility provided the supporting documentation and information for the Pre-Audit Questionnaire. The original facility physical audit was changed to provide the facility with more time to prepare. This was due to the Questionnaire being received late and the interview questions being provided late by this auditor.

**On-Site Phase:**

On December 10, 2024, an on-site visit was conducted at the Palmer 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 management, staff, and specialized staff. During the onsite phase of the audit process, it was discovered that the facility was transitioning to a new PREA Compliance Manager. The new compliance manager accompanied the audit team on all aspects of the audit.

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## 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: 5

### Standards Not Met

Number of Standards Not Met: 6  
List of Standards Not Met: 115.35, 115.33, 115.32, 115.17, 115.15, 115.13

## 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
- PCC 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 Palmer 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 Palmer Correctional Center employs a Lieutenant who is the designated PREA compliance Manger. The lieutenant oversees the facility's efforts to comply with the PREA standards. While conducting the audit, a role change was occurring in which a Staff Seargent was being assigned to the duties of the facility PREA compliance manger. A discussion with the Staff Seargent revealed that he will have the authority to make recommendations and changes to the facility for PREA compliance. Furthermore, he will be the contact moving forward with the audit compliance.

**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. 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 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 continues to document compliance with this requirement for all shifts. Documentation for this requirement was not completed prior to the corrective action period ending.

**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
- Memorandum of Compliance

**Discussion:**

The Palmer 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 on 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 bathroom areas.

The Palmer Correctional Center related that female staff announce themselves whenever entering 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. However, the facility did not provide a training roster verifying completion of all security staff for this training requirement.

**Corrective Action:**

It is recommended that the facility continue with its approach to completing all security staff's training requirements. Additional documentation was not provided prior to the end of the corrective action period.

**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, staff, contractors and vendors who have contact with inmates.

**Corrective Action:**

The facility will need to complete its background checks on all staff, contractors and vendors 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:**

- AKDOC policy 808.19
- PREA Compliance Manger interview
- Pre-Audit Questionnaire
- Documentation memorandum

**Discussion:**

The facility provided a memorandum of compliance for contractors and vendors training. However, no training documentation was provided regarding spreadsheets or with signatures of acknowledgment.

**Corrective Action:**

The facility appears to be compliant with this requirement. However, it will need to provide a spreadsheet with all contractors and vendors and their completion dates of the required training. An acknowledgement of the training can be accomplished digitally with a screen shot of the last page of the training or with an attendance roster that acknowledges understanding of the material. Prior to completion of the corrective action period the supporting documentation had not been provided.

**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. The facility was able to demonstrate the packet of information that is provided to the inmate at the time of intake. However, a review of inmate's files couldn't locate any of the acknowledgment forms for the inmate education.

**Corrective Action:**

It appears that this function is being completed at the facility. They will need to provide the documentation of new arrivals/intakes to the facility which demonstrates compliance with this requirement.

**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 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 meet these requirements. However, no training documentation was provided for staff verifying compliance with policy and the standards.

**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. Staff interviewed and staff questioned regarding this compliance requirement, all indicated that timelines for completing the risk assessment were being met.

An internal audit and review of the inmate population revealed compliance with initial and with 30 day reassessments 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 with 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 are available in all staff areas. Staff interviewed were not aware of the information. This information is taught during their PREA education and available on staff posters. Staff unfamiliarity with this information is a testing component but doesn't necessitate a failure in this requirement. It is recommended that staff orientation include this information, so that a better understanding can be made of staff.

**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 Palmer Correctional Facility maintains contact with the Department's investigative authority for criminal investigations. Contact with the Alaska State Troopers is maintained on a quarterly basis with the progress of cases and the status of any referrals to the District Attorney's office. This includes any Court rulings that are made 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 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. No documentation of compliance with this requirement were provided. Documentation of this referral and meeting is maintained within the Electronic Health Record and is difficult to be presented for verification.

An interview with mental health staff verified that if a referral were received, a meeting with the requester would occur within 14 days. Staff related that informed consent is provided to the inmate at the time of the meeting.

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Report Completed by:

Johnnie Wallace Johnnie Wallace

Printed Name/Signature

5/12/25

Date