



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

FACILITY INFORMATION	
Facility Name:	Point Mackenzie Correctional Farm
Date of last PREA audit:	N/A
Physical Address:	13690 S. Guernsey Road, Wasilla, AK. 99687
Mailing Address:	P.O. Box 877730, Wasilla, AK. 99687
Superintendent:	Harry Moore
Prea Compliance Manager:	Lance Flint

FACILITY CHARACTERISTICS	
Maximum Capacity	128
Current population of facility:	64
Average Daily population for the past 12 months:	64
Age range of population:	24-63
Avg. Length of stay or time under supervision:	Less than 10 years
Number of inmates admitted to the facility during the past 12 months:	112
Number of inmates admitted to facility during the past 12 months whose length of stay was for 72 hour or more:	112
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	112

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## 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.



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**On-Site Phase:**

On October 22, 2024, an on-site visit was conducted at the Point Mackenzie Correctional Farm. 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. However, the documentation and literature were determined to be out of date. No literature was found in the staff break rooms and visiting area. Interviews were conducted with management, staff, specialized staff and inmates.

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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: 11

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: N/A



## 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
- Point Mackenzie 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 Point Mackenzie Correctional Farm 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 Point Mackenzie Correctional Farm 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



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*Evidence Reviewed:*

- AKDOC Policy 808.19
- AKDOC Policy 102.04
- Pt. Mack Staffing Plan
- Interview with Superintendent and Compliance Manager

*Discussion:*

The facilities annual staffing plan was reviewed for compliance with the considerations for the standards and Department policy requirements. The facility documents and makes 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 plan takes into consideration the requirements within 115.13 (a) 1-11 and lists these within the plan. Interviews with the Superintendent and Compliance manager confirms compliance with the requirements and yearly review.

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 had multiple ways in which compliance and documentation occurred for the tracking of this requirement. It was noted that recording of the unannounced rounds is kept in three documents.

**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



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*Evidence Reviewed Continued:*

- Physical walk through of the housing units
- Training files and documentation
- Superintendent Interview

*Discussion:*

Point Mackenzie Correctional Farm, houses males only and doesn't permit cross gender strip searches of the inmate population. Policy provides for exigent circumstances with provisions for documentation in those occasions. However, there are no security female staff at the facility. Interviews with the compliance manager and the superintendent related that if female staff were ever employed at the farm, they wouldn't be conducting cross gender strip searches.

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.

Opposite gender announcements in the housing areas are not necessary, as all security staff at the facility are male and the prisoner population is male. Female support staff do not enter the housing areas at the facility.

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.

**115.17---Hiring and promotion decisions**

**Overall Compliance Determination:**

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



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*Evidence Reviewed:*

- Pre-Audit Questionnaire
- Management and Compliance Manager interviews
- AKDOC Policy 808.19
- Background log

*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.

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. While the interim report was pending the facility completed background checks of all staff and contractors and provided a memo and spreadsheet showing compliance.

**115.32---Volunteer and contractor training**

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:*

The facility related that contractors at the facility are escorted by security staff and under supervision during any interactions with inmates. Currently, no volunteers are operating within the facility without escort. If the facility gains volunteers that are in need of



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unescorted contact with inmates such as religious volunteers, they will be provided with the contractor and vendor training.

**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 (Separate folder)
- Specialized Interview
- Education Posters

*Discussion:*

Inmates at the time of intake receive numerous documents and instruction from security staff of the facility. This includes their initial risk assessment. Usually within a day or three (if a weekend occurred), inmates will receive their 30 day orientation to the facility. This occurs in education.

Inmates receive their comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and the Departments policies and procedures for reporting such incidents. This education is acknowledged on a specialized form which was adapted to include language of understand and compliance with.

The facilities inmate education posters were found to be out of date during the site visit. However, the old posters were removed with new posters placed throughout the facility within a week of the site visit.



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**115.35---Specialized training**

**Overall Compliance Determination:**

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

*Evidence Reviewed:*

- Pre-Audit Questionnaire
- Training Roster
- Staff Roster

*Discussion:*

The facility has no specialized medical and mental health staff assigned to their facility. This standard should be a N/A. However, it will be rated as compliant for purposes of the audit.

**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
- Policy 808.19

*Discussion:*

An internal review of the offender management system revealed that the facility was in compliance with conducting the Risk Assessments upon intake and the 30 day re-assessment. However, when speaking to the staff who conducts the risk assessments, it





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was determined that the techniques utilized in interviewing the inmate population was not appropriate. Staff who conduct these interviews agreed to change the procedure and while the interim report was being written the staff and facility adopted a change to the procedure. Upon completion of the Interim report the facility provided documentation that the procedure is now in line with the requirements of 808.19.

**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. The facility doesn't have any inmates that fall into these categories.

Staff posters and information relating to staff reporting incidents of sexual abuse and harassment/retaliation was not initially available. The facility received staff posters and have placed in appropriate staff break areas. While staff posters were not available at the time of the audit, it is noted that staff interviewed were aware of the information as it is available in the bi-annual PREA training.



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**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 requests relevant information from the Departments outside investigative authority in order to inform the inmate of the outcome of an investigation. This requirement is outlined in policy. Furthermore, the components, intent and requirements of 115.73, are outlined in policy. The pre-audit questionnaire audits a component of the federal standard related to 115.73. The facility doesn't not have any examples of this occurring. However, staff interviewed related their understanding of the requirements and the process for this occurring if they did have an incident that would require reporting to the inmate.

**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 (GCCC Audit)
- PREA Compliance Manger Interview
- Memorandums of compliance
- Inmate records (GCCC Audit)



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*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. The facility had one example of this occurring during the audit period. Interviews with mental health staff from Goose Creek Correctional Center (GCCC) verified that this occurs within 14 days. The facility doesn't have medical and mental health staff assigned to their facility and make the referrals to the GCCC. Staff at GCCC verified and informed consent is provided to the inmate at the time of a meeting.

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*Johnnie Wallace*

PREA Coordinator

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11/19/24

Date