

PREA AUDIT REPORT **Interim** **Final**
Community Confinement Facilities

Date of Report: August 31, 2016

Auditor Information			
Auditor name:	Barbara Jo Denison		
Address:	3113 Clubhouse Drive, Edinburg, TX 78542		
Email:	denisobj@sbcglobal.net		
Telephone number:	956-566-2578		
Date of facility visit:	August 11, 2016		
Date report submitted:	August 31, 2016		
Facility Information			
Facility Name:	Midtown Community Residential Center		
Facility Address:	2508 Margies Place, Anchorage, AK 99503		
Facility mailing address: <i>(if different from above)</i>	N/A		
Telephone number:			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Community Treatment Center	<input type="checkbox"/> Community-Based Confinement Facility	
	<input checked="" type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health Facility	
	<input type="checkbox"/> Alcohol or Drug Rehabilitation Center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Silifu Tito, Facility Director			
Number of staff assigned to the facility in the last 12 months: 13			
Current population of facility: 20			
Designed facility capacity: 32			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 25-52			
Name of PREA Compliance Manager: Silifu Tito	Title:	Facility Director	
Email address: stito@geogroup.com	Telephone number:	907-222-6502 ext. 79002	
Agency Information			
Name of agency:	The GEO Group Inc.		
Governing authority or parent agency: <i>(if applicable)</i>	N/A		
Physical address:	One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, FL 33487		
Mailing address: <i>(if different from above)</i>	N/A		
Telephone number:	561-999-5827		
Agency Chief Executive Officer			
George C. Zoley	Title:	Chairman of the Board, CEO and Founder	

Email address: gzoley@geogroup.com	Telephone number:	561-893-0101
Agency-Wide PREA Coordinator		
Phebia L. Moreland	Title:	Director, Contract Compliance, PREA Coordinator
Email address: pmoreland@geogroup.com	Telephone number:	561-999-5827

AUDIT FINDINGS

NARRATIVE:

The PREA on-site audit of the Midtown Community Residential Center was conducted on August 11, 2016, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Questions during this review period were answered by the Facility Director/PREA Compliance Manager, Silifu Tito. For each standard, interviews, observations, and review of documentation provided verified that practices are consistent with agency and facility policies and practices.

Prior to the on-site visit, the Executive Director of Standing Together Against Rape (STAR) was contacted to discuss the services that STAR offers to the residents of the Midtown Community Residential Center. STAR is the primary responder with the Anchorage Police Department and the Alaska State Troopers for all investigations of sexual assault. Sexual assault victims would be given a choice of being referred to the Providence Medical Center or to the Multidisciplinary Clinic for forensic exams. In the event of a sexual assault at the Midtown Community Residential Center victims would be referred to the Multidisciplinary clinic for a SANE exam, a STAR victim advocate would respond to the clinic to support resident victims during the SANE exam. STAR also provides counseling services and a crisis hotline for the residents of Midtown Community Residential Center. The agency/facility has attempted to enter into a Memorandum of Understanding with STAR, but those attempts have been unsuccessful. Resident victims who choose to be referred to the Providence Medical Center for a forensic exam would be accompanied to the Providence Medical Center by the Facility Director/PREA Compliance Manager or a Shift Supervisor who are both facility trained victim advocates. The Program Manager of the SANE Forensic Nursing Services of Providence agency was contacted prior to the on-site audit and the procedure for referrals for SANE exams was reviewed.

The Abused Women’s Aid in Crisis, Inc. (A.W.A.I.C.) was also contacted prior to the on-site visit. A.W.A.I.C. provides advocacy and a reporting option 24 hours a day, seven days a week for the residents of the Midtown Community Residential Center. Counseling services are available and referrals are made to the Anchorage Community Mental Health (ACMH) for additional services. Residents also have the option of calling the RAINN National Hotline to report allegations of sexual abuse and sexual harassment. During the on-site audit, STAR, A.W.A.I.C., and RAINN National Hotline were called from a resident pay phone to ensure they were accessible to residents. Calls to the RAINN National Hotline are routed to the STAR agency. Calls to all three of these agencies are confidential and the caller can remain anonymous if they chose to.

On the first day of the audit, a brief entrance meeting was held with Silifu Tito, Facility Director/PREA Compliance Manager; Kaisarina Papalii, Shift Supervisor; Yolanda Ahfua, Case Manager, Teualilo Nua, Shift Supervisor and Trey Watson, Senior Area Manager in attendance. At the conclusion of the entrance meeting, Silifu Tito, Facility Director/PREA Compliance Manager and Trey Watson, Senior Area

Manager accompanied me on a tour of the facility. During the tour, the location of cameras and mirrors, the physical layout of the facility and placement of PREA posters and information was observed. PREA information, in both English and Spanish, is posted in numerous locations throughout the facility including in each resident room. Residents carry with them a card that reminds them of the methods of reporting available to them.

During the facility tour I spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. A total of 17 residents were formally interviewed. Of the 17 residents interviewed, there was two self-disclosed lesbian residents, one self-disclosed bisexual resident, two potential victims identified from initial risk screening and one deaf resident. All of the residents interviewed acknowledged receiving PREA training with written information during the intake process and viewing the *PREA What You Need to Know* video. Residents interviewed were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Residents consistently indicated that they feel safe at this facility. There were no self-disclosed transgender or intersex residents housed at the facility during the on-site audit, and there were no residents that were blind, had low vision, were hard of hearing, were non-English speaking or had cognitive difficulties. The deaf resident was interviewed by writing the interview questions on a piece of paper and her responding in writing to the questions.

All staff that were scheduled to work on the day of the audit were interviewed. This included Resident Monitors from all three shifts for a total of six, two specialized staff and a volunteer who is the AA Coordinator for this facility and five other facilities. The Facility Director/PREA Compliance Manager along with being the Facility Director and the PREA Compliance Manager is on the Incident Review Team, is responsible for retaliation monitoring and HR duties and is a victim advocate and was asked questions that related to the responsibilities of each of those roles. The Case Manager also has multiple roles which includes not only case management, but initial screenings and 30-day reassessments, is on the Incident Review Team and also is responsible for retaliation monitoring. All staff interviewed were all knowledgeable of the zero-tolerance policy and their responsibilities of detecting, preventing, responding and reporting allegations of sexual abuse and sexual harassment.

The facility does not have any trained facility investigators. The agency has 85 trained investigators. Allegations from the Midtown Community Residential Center are investigated by facility investigators from other nearby GEO residential centers. In the 12 months preceding the audit, there were two PREA allegations received. One was a staff-on-inmate sexual harassment allegation which was determined to be substantiated and one an inmate-on-inmate sexual harassment allegation which is pending disposition.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Silifu Tito, Facility Director/PREA Compliance Manager; Yolanda Ahfua, Case Manager; and Trey Watson, Senior Area Manager in attendance, with Robert Walling, Manager, Contract Compliance PREA in attendance via telephone. During the exit meeting, the facility was informed of the process that would follow the on-site visit and GEO's responsibility to post the report on their website. The facility has done an excellent job of implementing the PREA program at the Midtown Community Residential Center and as a team and have achieved compliance with all PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Midtown Community Residential Center is operated by the GEO Group, Inc. The resident population consists of Alaska Department of Corrections and Probation female residents who have all served time in secure institutions. During the day time hours the majority of the residents are in the community seeking employment or other community services. Approximately 10% of the residents are confined and do not

seek outside support services. These residents are involved in community work service programs and are supervised at their prospective job sites.

On the first day of the audit there were 20 residents housed at the facility that ranged in age from 22-52. In the past 12 months there were 530 residents admitted to the facility and 58 residents transferred from other community confinement facilities. The facility employs 13 staff and has a vacancy for one Resident Monitor.

The facility consists of a two-story building with the maximum capacity to house up to 32 female residents. There are a total of eight resident apartments and each has the ability to hold up to four residents. Two resident rooms are located at the end of the first floor (Rooms 1 and 2) and six on the second floor (Rooms 3-8) facing south. Room 1 is the only handicapped accessible room. Each room consists of a kitchen, living room, dining area and restroom. The restrooms are designed to provide privacy as each one has a door with the ability to be locked.

In the front entry of the building, there is a lobby with three resident pay phones. The *PREA What You Need to Know* video plays continuously during the open hours of the lobby which are from 6 a.m. -11 p.m. weekdays and from 6 a.m. – 12 a.m. weekends. PREA information is posted in the lobby area for visitors and residents. A Security Booth is located in the lobby area where all visitors and residents are checked in and out of the facility. Residents are breathalyzed and pat searched in camera view whenever they return to the facility after being in the community for work, appointments or programming.

An outside entrance in the front of the building is used to access the resident laundry room. There are two washers and two dryers which are free for the use of residents. Residents can use the laundry facilities one at a time and must sign a laundry log before being allowed to use the facilities.

The facility has a current camera system consisting of 23 cameras throughout the facility including the exterior of the building. Cameras are located in all hallways and common areas. There are two electronic locking gates located on each floor. These gates are monitored by staff. The security system stores surveillance video for up to 30 days. Camera monitors are located in the Security Booth.

On the first floor there is a conference room, offices of the Facility Director/PREA Compliance Manager, the Senior Area Manager and the Case Manager. There is a multipurpose room which is used for programs and serving meals. A door on the side of the multipurpose room is the exit from the building to a staircase which allows access to the resident rooms. PREA reporting information and a copy of the *Resident Handbook* and the *PREA Education Manual for Residents* is in each resident room. GEO's *Sexual Assault Awareness* brochure is available in the multipurpose room and on the first and second floors near the resident rooms.

Residents receive help transitioning from a life of crime to one of responsibility and productivity. Newly placed residents are subject to a highly structured environment. As treatment and rehabilitation goals are achieved, residents earn the privilege of decreased structure and increased responsibility. Eligible residents are able to obtain employment within the community. Residents can serve sentences up to one year at the facility, with an average length of stay between 4-6 months. Non-employed residents participate in supervised community work service projects.

Most residents are classified as furloughs that are referred from state correctional facilities for treatment programs to seek employment and successfully transition back into their home community. Midtown Community Residential Center accepts referrals of confined or unsentenced misdemeanants and restitution placements, based on bed availability. Security measures include 24-hour custodial supervision, closed circuit surveillance cameras and frequent census checks.

Residents of the Midtown Community Residential Center are offered AA/NA, Moral Reconciliation Therapy, Support Service Groups and HIV testing and education provided by the Department of Public Health. They

receive employment assistance skills such as resume writing, job search strategies, job application and interview techniques. They are also afforded education opportunities through the University of Alaska. Recreational activities include a crocheting club, yoga each morning in the front lobby and one hour a day they are allowed to go out and walk around the building with staff supervision.

The mission statement of the Midtown Community Residential Center is: "The mission of the Midtown Community Residential Center is to provide transitional services in a supervised environment in order to enhance public safety and assist offenders in becoming employed, law-abiding citizens and to (re)establish family and/or community ties in their respective communities".

GEO's mission statement is: "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".

SUMMARY OF AUDIT FINDINGS: (39)

The following is a summary of the audit findings:

Number of standards exceeded: 7

Number of standards met: 30

Number of standards not met: 0

Number of standards not applicable: 2

Standard §115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

X Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A and the Midtown Community Residential Center’s policy 2015-6 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s/facility’s approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Both policies, upon review, were found to be very detailed and comprehensive as applied to each standard; therefore, exceeding in the requirements of this standard.

GEO policy 5.1.2-A, pages 6 & 7, section III, B, 1-3 and facility policy 2015-1, pages 2 & 3, section VI-A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency not only employs an agency-wide PREA Coordinator, but also employs a Director, Fidelity & Quality Assurance who provides oversight to the agency’s reentry facilities. Exceeding in the requirements of this section of the standard.

Upon interview, the PREA Coordinator, at an earlier date, and the Facility Director/PREA Compliance Manager, both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

Standard §115.212 Contracting with other agencies for confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

X Not Applicable

GEO is a private provider and does not contract with other agencies for the confinement of residents. Based on documentation provided as well as interview of the agency’s PREA Coordinator, this standard is not applicable.

Standard §115.213 Supervision and monitoring

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2015-1, pages 3 & 4, section B-1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The facility's design capacity is 32 residents and the staffing plan was developed based on that number. In this audit period the average daily population was 28 residents. On the first day of the on-site visit the population was 20. The current staffing plan consists of a Facility Director, one Case Manager, four Shift Supervisors and seven Security Monitors.

The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan. The Facility Director/PREA Compliance Manager reviews the staffing schedules daily. In review of documentation provided by the facility and upon interview with the Facility Director/PREA Compliance Manager, in this audit period there were no times that there were deviations to the staffing plan. Staff vacancies are filled by the use of staff overtime or staff from other facilities may be called upon to assist.

The staffing plan is reviewed annually by the Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager, and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Regional Director, the Divisional Vice President and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. In the 2014 *PREA Annual Facility Assessment* and the 2015 *PREA Annual Facility Assessment*, no recommendations were made for changes to the established staffing plan.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Shift Supervisors conduct rounds during their shift and these rounds are documented on the *Facility Activity Log*. Management staff are required to complete, at a minimum, unannounced PREA rounds once a shift each month. These rounds are documented on the *Unannounced PREA Rounds* form. Employees are prohibited from alerting residents or other employees that these supervisory rounds are occurring. For increased supervision and monitoring efforts, the agency has in place a count verification procedure to monitor surveillance tapes on a weekly basis to ensure staff are conducting formal resident counts. These verifications are documented on *Resident Count Verification Checklist*. These completed forms are forwarded to the Divisional Vice President of Community Based Services and to the Regional Director each week.

Documentation provided for review, review of *Facility Activity Logs*, *Unannounced PREA Rounds* forms and in interview with staff and residents, the practice of rounds by facility management staff and supervisory staff confirmed numerous rounds being conducted on all three shifts.

Standard §115.215 Limits to cross gender viewing and searches
--

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on review of GEO policy 5.1.2-A, pages 15 & 16, section I, and facility policy 2015-4, pages 2 & 3, sections on *Offender/Resident "Pat" Searches*, *Offender/Resident "Strip" Searches*, *"Body Cavity" Searches*, and *Limits to Cross-Gender Viewing and Searches*, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Facility policy requires that all cross-gender strip searches and body cavity searches be documented. Resident strip searches and body cavity searches are prohibited at the Midtown Community Residential Center. If at any time there is cause to strip search a resident, the Facility Director or designee will contact the nearest correctional institution to arrange and have search conducted at the local institution. In the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches performed.

The facility has only one male staff member. Only female staff members conduct pat searches. Pat searches are conducted in an area adjacent to the Security Booth in view of a camera. Searches are documented with the reason for the search, the result of the search and the signatures of the staff member conducting the search on a *Pat Down Log*. Females are not restricted access to regular available programming or outside opportunities in order to comply with this provision.

In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency's *Guidance in Cross Gender and Transgender Pat Searches* curriculum was provided for review. Staff sign a *Cross Gender Pat Searches and Searches of Transgender and Intersex* acknowledgement form upon completion of this training. Receipt of this training was verified through interviews with staff and review of staff training records.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. Signs are on all resident rooms reminding staff to make opposite gender announcements. This practice was observed while on-site and residents and staff interviewed confirmed that this practice is being followed. Residents shared that they feel they have privacy to shower, toilet and change clothing when female staff are in their housing unit. Each resident room has a restroom with a solid door with a lock on it ensuring their privacy.

Based on GEO policy 5.1.2-A and facility policy 2015-4, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. In the past 12 months, there were no transgender or intersex residents housed at the facility.

The facility was found to exceed in all areas of this standard. Individual restrooms in each resident room allows for privacy when toileting or showering.

Standard §115.216 Residents with disabilities and limited English speaking

Exceeds Standard (substantially exceeds requirement of standard)

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 takes appropriate steps to ensure that residents with disabilities and residents that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, page 10, section E and facility policy 2015-2, pages 1 & 2, section V, were used to verify compliance to this standard. Residents receive a *PREA Education Manual for Residents* during the intake process which is available in English, Spanish and Yupik and in large print for residents with low vision. PREA posters and a *PREA What You Need to Know* video is provided in both English and Spanish. A contract with Language Line Solutions provides for the translation of any other languages. A TTY is available for residents who are deaf or hard of hearing. At the time of the audit, there was one deaf resident. When interviewed by written questions, she responded that she understood the information presented to her in written form and was able to respond in writing the methods of reporting available to her.

The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where residents were used for these purpose.

Standard §115.217 Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 7 & 8, section C-2 and page 15, section H-4 and facility policy 2015-1 page 4, section 2, interview with the Facility Director/PREA Compliance Manager and review of employee files were used to verify compliance to this standard.

Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. GEO considers 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. The facility has two Alaska DOC contracted nurses. Records provided from the Alaska DOC showed that both nurses had background checks completed on 12/31/15. The facility will track background checks of these contracted employees ensuring that they are completed every five years as required.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check and every five years thereafter. In interview with the Facility Director/PREA Compliance Manager, all pre-employment criminal background checks are performed through the Alaska Department of Corrections and through Accurate Background, Inc. Annual motor vehicle checks are completed for all staff as having a valid driver's license is a condition of their employment.

Applicants who answer on their application that they have worked in a confinement setting previously receive a PREA Verification by Accurate Backgrounds, Inc. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Accurate Background, Inc. is completed, including a PREA Verification. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation*.

GEO policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information, are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct and/or misconduct to the Facility Director. Unless prohibited by law, GEO Corporate Human Resources Department will 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 the individual has applied for work.

Human resource functions were handled by one person responsible for three facilities until May of this year when it became the responsibility of the Facility Director/PREA Compliance Manager to handle these duties for the Midtown Community Residential Center. Many five year background checks had not been completed when she took over this function. Since that time, she has ensured that all required five-year background checks have been completed. Copies of background checks and *PREA Disclosure and Authorization* forms for annual evaluations and promotions are filed in alphabetical order for each employee in a binder along with *PREA Basic Acknowledgement* forms. Her recordkeeping is excellent and employee records indicate the facility is exceeding in the requirements of this standard.

Standard §115.218 Upgrades to facilities and technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- X Not Applicable

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2015-1, page 4, section 3, and documentation provided was used to verify compliance to this standard. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, GEO considers the effect of the design, acquisition, expansion or modification on the ability to protect residents from sexual abuse and/or harm. The facility has not acquired any new facilities or made any substantial expansions or modifications of existing facility since August 20, 2012.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, GEO will consider how such technology may enhance the ability to protect residents from sexual abuse. The facility has not installed or updated the video monitoring or electronic surveillance system since August 20, 2012.

The facility has not acquired any new facilities or made any substantial expansions or modifications of the existing facility since August 20, 2012 and has not installed or updated the video monitoring or electronic surveillance system since August 20, 2012; therefore, this standard is not applicable to this facility.

Standard §115.221 Evidence protocol and forensic medical exams

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, pages 6-9, sections D-I and facility policy 2015-6, pages 6 & 7, section 2, outlines the agency's requirements as it applies to this standard. The facility does not have trained investigators to conduct administrative investigations of allegations of sexual abuse and sexual harassment. Trained investigators from other nearby GEO facilities would be called upon to conduct administrative investigations at the Midtown Community Residential Center. It is the responsibility of the Alaska State Troopers to conduct all criminal investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. SANE exams would be performed at the Providence Medical Center or at the Multidisciplinary Clinic at no cost to the resident. In the past 12 months, there have been no residents who have required SANE exams.

The agency/facility has attempted to enter into a Memorandum of Understanding (MOU) with the Standing Together Against Rape (STAR) agency. STAR is the primary responder with the Anchorage Police Department and the Alaska State Troopers for all investigations of sexual assault. A STAR advocate would respond to the Multidisciplinary Clinic to assist residents victims of Midtown Community Residential Center during a forensic exam. SANE exams can also be performed at the Providence Medical Center. The Facility Director/PREA Compliance Manager and a Shift Supervisor received *Specialized Staff Victim Advocacy Training* on 4/29/16. They are available to accompany residents for a forensic exam at the Providence Medical Center.

The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

Standard §115.222 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 2015-6, page 7, sections 2 & 3 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct. The Alaska Department of Corrections index #808.19, *Sexual Abuse/Sexual Assault and Reporting*, outlines DOC's guidelines and procedures for reporting allegations of sexual abuse.

Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Facility Director. The Facility Director will make immediate notification to the DOC Residential Reentry Manager, to the GEO PREA Coordinator, to the Director, Fidelity & Quality Assurance and to GEO's Office of Professional Responsibility (OPR) if the allegation involved staff. The facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to the Alaska State Troopers who conduct a criminal investigation.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *PREA Monthly Incident Outcome Tracking Log*.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website http://www.geogroup.com/reporting_sexual_abuse-prea. In the past 12 months, there were two allegations of sexual harassment received that were administratively investigated and not referred for criminal investigation.

Standard §115.231 Employee training

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO employees receive training on GEO's zero-tolerance policy (5.1.2) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 11 & 12, section F-1. Between trainings the facility has monthly staff meetings where PREA is reviewed and discussed. The pre-service and in-service training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard. The PREA Coordinator at the Cordova Center provides staff PREA training. Employees sign a *PREA Basic Acknowledgement* form that they have received and understood the training they received. Staff also receive the *Guidance in Cross-Gender and Transgender Pat Searches* training and sign an acknowledgement form upon completion of this training.

In the past 12 months, all 23 of Midtown Community Residential Center's staff have received this training as verified by review of employee training files and documentation of this training is being maintained by the Facility Director/PREA Compliance Manager in a binder. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The facility exceeds in this standard as was evident by review of the training curriculums, review of staff training records and the overall knowledge of staff in response to interview questions.

Standard §115.232 Volunteer and contractors training

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 13, section G-1 addresses the agency's requirements for volunteer training and page 14, section H-1 addresses contractor training requirements. All volunteers and contractors who have contact with residents are trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response.

The facility has 10 volunteers which includes three AA volunteers, four religious volunteers one volunteer from the Cook Inlet Tribal Council Reentry Services Program and two volunteers from the Senior Center. Two contracted Alaska DOC nurses from the Anchorage provide medical

services to the residents of Midtown Community Residential Center. The training curriculum for volunteers and contractors was provided for review. Contracted nurses received PREA training in January 2016 and signed a *PREA Basic Acknowledgement* form. Review of training records of all volunteers showed that volunteers have received PREA training and upon completion of this training have signed a *PREA Basic Acknowledgement Form* that is maintained by the facility. In interview with one volunteer who is the AA Coordinator, he acknowledged receiving this training and knew his responsibilities in response to sexual abuse and sexual harassment.

Standard §115.233 Resident education

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 11, section E-2 and facility policy 2015-2, pages 6 & 7, *Documentation* section, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Resident education is provided by the Shift Supervisors upon arrival to the facility in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. At the time of the audit, there was one deaf resident. When interviewed by written questions, she responded that she understood the information presented to her in written form and was able to respond in writing the methods of reporting available to her.

In the past 12 months, 530 residents admitted to the facility and 58 residents transferred from other community confinement facilities received PREA education. Upon intake residents view a *PREA What You Need to Know* video which is presented in both English and Spanish and receive a *PREA Education Manual for Residents* that is available in English, Spanish and Yupik. Language Line Solutions is used for the translation of any languages. The Shift Supervisors and the Case Manager provide resident education upon intake.

Residents acknowledge by their signature on an *Acknowledgement of Receipt of PREA Educational Manual* form that they have received and understood the PREA education presented to them. They also sign another acknowledgement form acknowledging viewing the *PREA What You Need to Know* video, receiving training on the zero-tolerance policy, their right to report and their right to free medical and mental health care. This documentation is maintained in the resident files as was verified by review of all residents' files. Ongoing information is provided on posters, both in English and Spanish, prominently displayed in all resident rooms and in various other locations throughout the facility.

When interviewed, residents were knowledgeable of the zero-tolerance policy and the methods of reporting available to them. It was evident that the facility has done an excellent job of informing residents and making PREA information continuously accessible at all times.

Standard §115.234 Specialized training: Investigators

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 13, section F-3, in addition to general training provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garret warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The agency has 85 trained investigators who have received the *PREA Specialized Investigation Training*. The Midtown Community Residential Center does not have any trained investigators on staff. For all allegations trained investigators from other nearby GEO facilities are called upon to conduct administrative investigations at Midtown Community Residential Center.

Standard §115.235 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 12, and 13, section 2, states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment.

Two contracted Alaska DOC nurses who provide part-time medical services to the residents of the Midtown Community Residential Center received specialized National Institute of Corrections online specialized training in January 2016 and received a certificate of completion of this training.

Medical staff do not perform SANE exams. SANE exams are performed by referral to the Providence Medical Center or to the Multidisciplinary Clinic.

The facility does not employ mental health staff. Mental health services are provided by referral to the Abused Women's Aid in Crisis Inc.

Standard §115.241 Screening for risk of victimization and abusiveness

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2014-3, pages 2 & 3, section VI-B-1, all offenders placed at the Midtown Community Residential Center are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival

to the facility by the Shift Supervisors or the Case Manager. The *PREA Risk Assessment* form is used for this purpose. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. Residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed.

Within a set time period, not to exceed 30 days of the resident's arrival to the facility, residents are reassessed by the Case Manager using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) for their risk for victimization and abusiveness. A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. When completed, the *PREA Risk Assessment* forms are deposited in a locked box in the Case Manager's office. The *PREA Risk Assessments* and *PREA Vulnerability Reassessment Questionnaires* are filed in a binder maintained by the Case Manager. To maintain confidentiality, only the Facility Director/PREA Compliance Manager, the Shift Supervisors and Case Managers have access to screening information.

In interview with the Case Manager and the Shift Supervisors and in review of random residents' records, this process is in place and the facility is doing an excellent job in screening residents for risk of victimization and abusiveness exceeding in this standard.

Standard §115.242 Use of screening information

Exceeds Standard (substantially exceeds requirement of standard)

X 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 uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. GEO policy 5.1.2-A, page 10, section D-3 and facility policy 2015-3, page 4, section 2, explains the use of PREA screening information. On interview with the Facility Director/PREA Compliance Manager, she explained how the facility utilizes screening information from the *PREA Risk Assessment* form for this purpose.

Residents who score at risk of victimization or abusiveness are referred for further evaluation to the STAR program using the *Resident Referral Verification* form. Residents have an option of refusing these services. Those identified to be at risk are tracked on the *At Risk Log*. Residents screened to be at risk for victimization are housed in rooms 4 or 5 and those screened to be at risk for abusiveness are housed in room 1 or 2.

GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely on the basis of such identification. On interview with one resident who self-disclosed being bisexual and two self-disclosed lesbian residents, they all reported that they were not placed in any housing area because of their sexual orientation.

Standard §115.251 Resident reporting

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 17, section K-1 and facility policy 2015-2, page 7, last paragraph outline the agency's options for resident reporting methods. The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment.

Residents are made aware of methods of reporting available to them through the *PREA Resident Education Manual* (page 9) provided to them upon intake, on the *Resident Reporting Options* poster and continuously through other posters and brochures displayed throughout the facility. Residents are made aware that they can verbally inform any staff member or the Facility Director/PREA Compliance Manager immediately or in writing. They are informed they can write to the GEO PREA Coordinator or to the Alaska Department of Corrections PREA Coordinator (if they are a resident under DOC custody). They can dial 911 or call the RAINN National Hotline Network toll-free at 1-800-656-4673, the Interior Alaska Center for Non-Violent Living at 1-907-452-2293 or toll free at 1-800-478-7273, the Alaska Department of Corrections PREA Coordinator at 1-907-761-5623, or the Abused Women's Aid in Crisis Inc. (A.W.A.I.C.) at 907-272-0100. Calling these numbers allows the resident to remain anonymous upon request. Residents can also file a grievance and facility policy 2014-5, pages 4 & 5 addresses sexual abuse grievances and emergency grievance procedures.

Staff must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports.

Staff have access to private reporting by calling the Employee Hotline at 866-568-5425 or the Corporate PREA Coordinator at 561-999-5827. Information for resident and staff reporting can be found on the GEO website (http://www.geogroup.com/reporting_sexual_abuse_prea).

The facility was found to exceed in this standard. They provide access to several outside reporting options allowing residents to report allegations of sexual abuse and sexual harassment outside of the facility.

Standard §115.252 exhaustion of administrative remedies
--

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

In review of GEO policy 5.1.2-A, pages 17 & 18, section K-2, and facility policy 2014-5, pages 4 & 5, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided on page 8 of the *PREA Resident Education Manual*.

There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on

his behalf. Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. A final decision will be issued on the merits or portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

The Facility Director/PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, there have been no PREA-related grievances received.

Standard §115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 23, section N-8 and facility policy 2015-6, page 11, section H-6, addresses the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone numbers to the RAINN National Sexual Assault Hotline at 1-800-656-4673, To Standing Together Against Rape (STAR) at 1-907-276-7273 or toll free at 1-800-478-8999, and to the Abused Women's Aid in Crisis Inc. (A.W.A.I.C.). This information is provided to residents in the *PREA Education Manual for Residents* and on *Resident Reporting Options* posters displayed throughout the facility. Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility has attempted to enter into a Memorandum of Understanding with the Standing Together Against Rape (STAR) program. STAR is available to provide advocacy and counseling services to the residents of the Midtown Community Residential Center as well as a crisis hotline.

The facility offers sexual assault victim advocates to accompany victims to the hospital for forensic exams. The Facility Director/PREA Compliance Manager and a Case Manager are trained victim advocates. They received *Sexual Assault Advocate/Counselor Training* on April 29, 2016.

When interviewed, residents were aware of the outside confidential support services available to them and how to access them.

Standard §115.254 Third party reporting
--

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 18, section 3, the agency has a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Information on third-party reporting is found on facility postings and is made available on the GEO website at http://www.geogroup.com/reporting_sexual_abuse_prea. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA

Coordinator. Residents interviewed were aware of this method of reporting. During the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

Standard §115.261 Staff and agency reporting duties

Exceeds Standard (substantially exceeds requirement of standard)

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 requirement on staff reporting duties can be found pages 18 & 19, section 4 of GEO policy 5.1.2-A. The facility's requirement on staff reporting duties can be found on page 6 of facility policy 2015-6. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the Facility Director/PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to supervisors. The supervisor receiving the report immediately notifies the Facility Director. For an allegation of sexual abuse, the Facility Director will make notification to the PREA Coordinator, the Director, Fidelity & Assurance and the Residential Reentry Manager as well as the Alaska Department of Corrections, if the resident is in DOC custody. If the allegation involves staff, notification is also made to GEO's OPR. The investigator will contact the Alaska State Troopers with any sexual assault allegation.

GEO policy pages 13 & 14, section G-2 outlines the responsibilities of reporting of volunteers and page 14, H-2 the responsibilities of contractors to report. The facility does not utilize the services of contractors.

In reference to element 115.261 (c) of this standard, the facility does not have medical or mental health personnel on staff.

The Midtown Community Residential Center houses adult female residents only, all of whom according to their classified level of care, are not considered to be vulnerable adults under the State Vulnerable Persons Statute.

Standard §115.262 Agency protection duties

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A, page 19, section L-1 and facility policy 2015-6, section V1.

In interview with the Facility Director/PREA Compliance Manager and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff

interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse.

Standard §115.263 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 22, section 5 and facility policy 2015-6, page 10, section F were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility the allegation will be documented and the Facility Director or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator and the Facility Director/PREA Compliance Manager.

In interview with the Facility Director/PREA Compliance Manager and in review of documentation provided, in the past 12 months, no residents of Midtown Community Residential Center alleged that sexual abuse had occurred while they were confined to another facility

If a report is received from another facility regarding alleged sexual abuse occurring at the Midtown Community Residential Center, the allegation will be reported and investigated according to PREA standards. In interview with the Facility Director/PREA Compliance Manager, in the past 12 months, there were no allegations of sexual abuse received from other facilities.

Standard §115.264 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 19-22, section L-2-4 and facility policy 2015-6, pages 6, section B, outlines the procedure for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident. If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. All staff carry with them a First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse or sexual harassment.

Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence. In the past 12 months, there have been no PREA incidents which required implementing first responder duties.

Standard §115.265 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 5 & 6, section III-A-4 and review of the Midtown Community Residential Center's *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet. The Facility Director and the Security Manager are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

Standard §115.266 Preservation of ability to protect residents from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, page 4, section III-A-2 was used to verify compliance to this standard. In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Facility policy 2015-6, page 9, section 5-e, states that if the suspect is a staff member, the staff member shall be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

The Midtown Community Residential Center does not have a collective bargaining unit. GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

Standard §115.267 Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.1-A, page 24, section 2 and in facility policy 2015-6, pages 11, section H-7 and page 12 sections H-9-11. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

The Facility Director/PREA Compliance Manager is responsible for weekly monitoring for retaliation for at least 90 days and longer if there is a continuing need. Monitoring is documented on the *Protection from Retaliation Log*. Completed logs are filed in the investigative file.

In the past 12 months, there were no incidents of retaliation that occurred. When interviewed, the Facility Director/PREA Compliance Manager knew her responsibilities for monitoring for retaliation per policy.

Standard §115.271 Criminal and administrative agency investigation

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Midtown Community Residential Center, including third party and anonymous reports. The agency's policy on administrative and criminal investigations is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B. The supervisor receiving the report immediately notifies the Facility Director who notifies the PREA Coordinator and the Director, Fidelity & Assurance. If the allegation involves a resident in DOC custody the procedures outlined in the State of Alaska Department of Corrections Policy and Procedures #808.19, *Sexual Abuse/Sexual Assault Reporting* would be followed. If the allegation involves staff, notification is made to GEO's OPR.

The facility does not have trained facility investigators. Administrative investigations are conducted by trained investigators from other nearby GEO facilities. The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Alaska State Troopers who conduct criminal investigations pursuant to the requirements of this standard. Since August 20, 2013, there were no substantiated allegations of sexual abuse that were referred for criminal investigation. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *PREA Incident Outcome Tracking Log*.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years

Investigative files were reviewed and documentation was complete and investigated per agency policy.

Standard §115.272 Evidentiary standard for administrative investigation
--

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2,-E, page 6, section B-2-d, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard §115.273 Reporting to residents

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, pages 10 & 11, section III-K and facility policy 2015-6, pages 12 & 13, section J were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Facility Director/PREA Compliance Manager is responsible to present to the resident the *Notification of Outcome of Allegation* form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident.

If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident, the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a resident's allegation that he was sexually abused by another resident, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from custody.

In the past 12 months, there were no residents that required notification of the outcome of an investigation. The one investigation that was completed, the victim was released before the

conclusion of the investigation. Based on interview with the Facility Director/PREA Compliance Manager, the process of providing notification to resident victims at the conclusion of an investigation is in place.

Standard §115.276 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 11, section L. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In the *GEO Employee Handbook*, provided to all staff, pages 16 & 17 explain the zero-tolerance policy for employees and the sanctions that would be imposed for violations of that policy.

In the past 12 months, there was one staff dismissal for violation of the agency's policy on sexual harassment.

Standard §115.277 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on review of GEO policy 5.1.2.A, page 14, section G-3 and page 15, section H-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

The Midtown Community Residential Center does not utilize the services of contractors. In the past 12 months, there have been no volunteers that have violated the agency/facility's zero-tolerance policy.

Standard §115.278 Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

According to facility policy 2015-6, page 14, section N-2, the Alaska Department of Corrections is the supervising authority over all residents at the Midtown Community Residential Center. If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported

to the appropriate DOC staff or Residential Reentry Manager who will determine whether to subject the offender to formal disciplinary sanctions. Residents are made aware of sexual misconduct they will be disciplined for in the *Resident Rules of Conduct* on pages 26-29.

Based on GEO policy 5.1.2-A, page 12, section 2, the disciplinary process may 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 DOC and/or FBOP will determine if the offender will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. Disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.

In the past 12 months, there were no disciplinary sanctions imposed related to resident sexual misconduct.

Standard §115.282 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 23, section 7. Resident victims are referred the Providence Medical Center or to the Multidisciplinary Clinic for SANE exams at no cost to the resident. Counseling services would be provided by referral to the STAR program or to the Interior Alaska Center for Non-Violent Living.

Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

Standard §115.283 ongoing medical and mental health care for sexual abuse victims
--

Exceeds Standard (substantially exceeds requirement of standard)

X 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 will offer ongoing medical and mental health care to all the residents of the Midtown Community Residential Center who have been victimized by sexual abuse. According to GEO policy 5.1.2-A, pages 23 & 24, section M-1, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Victims will also be offered tests for sexually transmitted infections. Female victims of sexually abusive vaginal penetration, shall be offered pregnancy tests. If

pregnancy results shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Referrals are made to the Providence Medical Center for emergency and ongoing medical services.

The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Mental health services are provided by referral to the STAR program or to the Interior Alaska Center for Non-Violent Living.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

Standard §115.286 Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-A, page 25, section 3 and facility policy 2015-6, page 13, section K, the facility is required to conduct a sexual abuse incident review within 30 days of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

The Facility Director/PREA Compliance Manager and the Case Manager make up the facility's Incident Review Team. The team meets and the PREA Coordinator may attend via telephone or in person. The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement, or document its reasons for not doing so. The PREA Compliance Manager maintains copies of all completed *PREA after Action Review Reports* and a copy is retained in the corresponding investigative file.

In the past 12 months, there was one incident review completed on a substantiated allegation. When interviewed, the Facility Director/PREA Compliance Manager and the Case Manager knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard §115.287 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Information on data collection is found on page 25, section N-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

The Facility Director/PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

Standard §115.288 Data review for corrective action
--

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 25 & 26, section N-2, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The most recent report was completed in May 2015. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

The PREA Coordinator forwards the annual report to the Vice President of Operations for signature and approval. The report is then made public on the GEO website (www.geogroup.com). Before making aggregated sexual abuse data public, all personal identifiers are redacted.

Standard §115.289 Data storage, publication and destruction
--

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-A, page 26, section N-3, the agency ensures that the data collected is securely retained for at least 10 years or longer if required by state statute. GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at www.geogroup.com. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

AUDITOR CERTIFICATION:

I certify that:

- X The contents of this report are accurate to the best of my knowledge
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison

August 31, 2016

Auditor Signature

Date