

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: September 7, 2016

Auditor Information			
Auditor name: David Haasenritter			
Address: PO Box 1265, Midlothian, VA 23113			
Email: david.k.haasenritter.civ@mail.mil			
Telephone number: 540-903-6457			
Date of facility visit: October 7-9, 2015			
Facility Information			
Facility name: Parkview Center			
Facility physical address: 831 B Street, Anchorage, Alaska 99501			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 907-274-1022			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<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: Wayne Wallace			
Number of staff assigned to the facility in the last 12 months: 27			
Designed facility capacity: 112			
Current population of facility: 108			
Facility security levels/inmate custody levels: Minimum/Minimum			
Age range of the population: 20-65			
Name of PREA Compliance Manager: Konstance Hahn		Title: PREA Compliance Manager	
Email address: khahn@geogroup.com		Telephone number: 907 274-1022	
Agency Information			
Name of agency: The GEO Group Inc			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: One Park Place, Suite 700, 621 Northwest 53 rd St., Boca Raton Florida 33487			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 561-999-5827			
Agency Chief Executive Officer			
Name: 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			
Name: Phebia L. Moreland		Title: Director, Contract Compliance, PREA Coordinator	
Email address: pmoreland@geogroup.com		Telephone number: 561-999-5827	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Parkview Center was conducted on October 7-9, 2015 by David Haasenritter. Approximately three weeks prior to the audit, the auditor received the PREA questionnaire and additional documents through a disk. The documents and questionnaire were organized, highlighted, and tabbed. Prior to the audit the Parkview Center provided a roster of all residents; lists of residents for specific categories to be interviewed; and a lists of all staff by duty position and shifts. The auditor selected a sampling of residents and staff to be interviewed (random and specific category) during the on-site visits from these lists.

The auditor contacted Just Detention International (JDI) in reference any information previously submitted by residents at the Parkview Center and reviewed the GEO and Alaska Department of Corrections website prior to the audit.

Following the entrance meeting with staff, the auditor toured the Parkview Center, and went back to certain areas in the institution during the audit. While touring, residents and staff were informally questioned about their knowledge of PREA, procedures for reporting, services available and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving PREA training. During the tour the auditor reviewed staffing; physical plant; sight lines and blind spots; camera coverage; documentation to assist in determining standard compliance; and tested the resident phone system for reporting allegations and for emotional support services; and institution operations.

Following the tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. A total of 24 staff was formally interviewed in the course of the audit (11 random, one contractor/volunteers, and 12 specialized staff). The interviews of the Agency Head/Designee had been previously completed by another auditor and the notes from those interviews were shared with the auditor prior to the on-site visit. The PREA Coordinator interview was also previously completed by another auditor and this auditor also previously interviewed her. Staff interviewed were well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. Interaction between staff and residents were very good. GEO has continued to build a culture of zero tolerance.

A total of 39 residents were formally interviewed: 37 random (at least one from each housing unit); one LGBTI; and one mentally disabled. Additionally, one resident refused to be interviewed. Majority of the residents interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and residents handbooks) outlining the agencies zero tolerance policies towards sexual abuse; knew the reporting procedures; reported staff of the opposite gender announced when entering a housing area; and that they had been asked questions from the screen upon arrival. All residents who were asked stated they felt safe at the center. The auditor found the residents very aware of PREA, and residents would report allegations to staff.

There were zero allegations of a sexual abuse and sexual harassment at Parkview Center during the audit cycle.

When the on-site audit was completed, the auditor conducted an exit meeting. During the exit the auditor explained the process that would follow the on-site visit to include corrective measures. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor explained that areas found not to meet the standards during the on-site visit must be corrected and he would be working closely with the agency PREA Coordinator and facility staff on each plan of action to correct all deficient standards. The auditor thanked GEO and Parkview Center staff for their hard work and commitment to the Prison Rape Elimination Act.

During the interim report writing and corrective action period, the auditor reviewed modified policies; additional documents; and conducted phone interviews with staff. The GEO PREA Coordinator and Parkview Center staff was very helpful in coordinating all the additional documentation. GEO PREA Coordinator and Parkview Center staff worked long term solutions and procedures to standards annotated as "not meet"; and then demonstrated practice over a period of time to be found as "meet" standard.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Parkview Center is an all-male facility that consists of a five story building providing temporary housing, monitoring, and transitional services. It is located on 831 B Street, Anchorage, Alaska. The first floor consists of a dining hall and security booth. Located off the dining hall are two bathrooms, and administrative office, food prep area, laundry room, and a programming area. There are two offices located behind the security booth that houses case management staff. Residents occupy the second, third, fourth, and fifth floors. Each floor has a long hallway with nine apartments off the hallway. Residents are housed in apartments with two or three bedrooms sharing a common area and private bath. Cameras are located on each end of the hallway with a camera also located in the middle of the corridor, covering pay phones and elevators. There is also a TV room on floors three and five, which is monitored by cameras. Floors two and four have storage rooms that are monitored by cameras. Access to each floor is through the elevator or two stairwells, one is an emergency exit only.

Residents receive help transitioning from a life of crime to one of responsibility and productivity. This process includes teaching life skills and providing job readiness training. Newly placed residents are subject to a highly structured environment. As treatment and rehabilitation goals are achieved, offenders earn the privilege of decreased structure. Security measures include 24-hour custodial supervision, closed circuit surveillance cameras and frequent census checks. 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. The Center accepts referrals of confined or unsentenced misdemeanants and restitution placements, based on bed availability.

Parkview Center programs include Substance Abuse Counseling, Life Skills (including Anger/Stress Management, Parenting, Suicide Prevention, Sexual Abuse/Assault Intervention, Budgeting, Banking, Personal Hygiene, Securing Housing, and Victim Impact and Awareness), Employment Assistance (including Resume Writing, Job Search Strategies, Job Application Assistance and Interview Techniques), and Community Service.

The facility achieved initial accreditation through the American Correctional Association (ACA) in 2014 with a score of 100%.

The Parkview Center mission is to develop innovative public-private partnerships with government agencies that deliver high quality cost-effective community reentry and electronic monitoring services while providing industry leading community reintegration programs to the men and women entrusted to the facility's care.

SUMMARY OF AUDIT FINDINGS

On October 7-9, 2015, the onsite visit was conducted. Within a week of the audit being completed, the auditor determined 10 standards were evaluated as not met standards. On November 9th (30 day interim report writing period), GEO and Parkview Center completed corrective action plans on two of the standards. On April 29, 2016, the corrective action period was completed. The results of Parkview Center audit is listed below:

Number of standards exceeded: 3

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO operates the Parkview Center to house Alaska DOC residents. GEO has very good written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, other agency policies supplement the main PREA policies. Policy #2015-1 for Anchorage Area Facilities Cordova, Midtown and Parkview Subject Staffing and Facility Requirements supplement the main GEO PREA policy 5.1.2-A. Agency policies and procedures were well organized and are continually revised. It is clear to the auditor that the Prison Rape Elimination Act is part of the GEO fabric.

GEO employs an upper-level, agency-wide facility PREA coordinator and a PREA compliance manager. Ms. Phebia Moreland is the PREA Coordinator. She is very knowledgeable of PREA standards and is one of the top PREA Coordinators I have met. Ms. Moreland has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO PREA program.

Konstance Hahn serves as the PREA Compliance Manager. Ms. Hahn was recently assigned as the PREA Compliance Manager, and is knowledgeable of PREA standards and was actively involved in PREA activities. She claimed to have enough time to perform her PREA duties. She coordinates and conducts training, provides info to staff at staff calls, contacts PREA Coordinator for clarification and coordinates with facility leadership. The Parkview Center Director is very knowledgeable of PREA and stays engaged in the process.

Standard 115.212 Contracting with other entities for the 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards. It also states contractors in its facilities that have direct contact with individuals in GEO facilities or programs shall be obligated to comply with PREA standards. These requirements are required to be in the contracts. Alaska Department of Corrections contract requires compliance with PREA standards. Provided copies of contracts with Alaska Department of Corrections for review. GEO is a private provider and does not contract with other agencies for the confinement of residents.

Standard 115.213 Supervision and monitoring

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO ensures all facilities develop and document a staffing plan that is supplemented by video monitoring to protect residents against sexual abuse. GEO Policy 5.1.2-A and Policy #2015-1 establishes procedures to develop and monitor staffing plans which included all the requirements in PREA standard. GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator.

2014 staffing plan for Parkview Center address; the physical layout of each facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The staffing plan identified areas with no camera coverage; stated all positions were covered through on-call, hourly and salaried staff when necessary; and reported that there was no substantiated incidents of sexual abuse at the facility. The plan was assessed on October 11, 2014 and reviewed by the PREA Coordinator February 7, 2015. It did not recommend any increase in cameras, the year prior annual assessment recommended an increase of eleven (11) cameras. Existing cameras (30) cover essential areas without imposing on resident's privacy. Camera recording capability is up to 60 days.

By policy and practice unannounced rounds are conducted and staff are not warned of rounds being conducted though neither practice is a PREA standard for community centers. It is just good practice conducted by GEO community centers. Two examples of unannounced rounds were provided before the audit, and additional three was reviewed during the audit.

Standard 115.215 Limits to cross-gender viewing and searches

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and #2015-4 (Anchorage Area Facilities Cordova, Midtown and Parkview Subject Resident Searching, Viewing, and Contraband) prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. Since there are always male staff on every shift, the staff stated cross-gender searches are not something they would anticipate happening, even in an exigent circumstance. However, if it did happen it would have to be reported and documented in writing. There were no cross-gender searches during the audit cycle.

The sleeping rooms all have private bathrooms which allow the residents to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. The interviews with residents confirmed that staff of the opposite gender do not view residents of the opposite gender while they shower, change clothes, perform bodily functions. GEO policies state that staff will announce their presence when entering an area where a resident may be changing, performing bodily functions or showering. The residents confirmed that opposite gender staff do announce their presence. During the tour, the auditor also observed this practice.

Based on review of GEO and Parkview Center policies, review of training, interview of staff and residents, and observation it was determined the Parkview Center does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status, and only medical staff if needed would make that determination.

Review of training records and lesson plans demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Prior to the audit, training documents from May 2014 to April 2015 were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex residents. Interviews of staff demonstrated staff did not retain how to conduct pat down searches of transgender and inter sex inmates. Most stated first ask the resident and then check what medical records said. Some stated would not conduct search, others said would search transgender females residents as if were male residents using front of palms. A number said search professionally but could not explain what that meant. Corrective Action Plan was developed to retrain staff on how to conduct searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible. The recently released video on the PREA website along with GEO lesson plan were to be used. Training was completed by the end of November 2015, training documents were provided to the auditor.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policies 5.1.2-A and #2015-2 for Anchorage Area Facilities Cordova, Midtown and Parkview Subject Intake and Orientation ensure residents with disabilities and who are limited English proficient have access to PREA information and programs. Parkview Center has taken appropriate steps to ensure that residents with disabilities and residents who are limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GEO has a contract for Language Line to provide foreign language translation. All resident handbooks and posted information was provided in English and Native Alaskan Language. Staff and resident interviews confirmed resident interpreters are not used. Informational and educational materials for residents with disabilities are provided in ways that will enable the resident to understand the GEO zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For residents who are hearing impaired, the Parkview Center has a Teletype (TTY) machine available for residents who are hearing impaired. Provisions can be made for residents who may be visually impaired, though those with limited vision is assisted by some of the posters having been printed in larger print. Yupik is the Native Alaskan Language. One resident stopped his interview and stated he did not want to continue the interview because there was not as many signs in Yupik as the English PREA signs. Though the auditor did not see this as an issue, he did ask the center to post additional Yupik signs which they did while the auditor was on site.

The auditor interviewed one resident with limited mental disabilities. The resident told the auditor he had no issues understanding the PREA information and would be assisted by staff if he needed it. He stated that he knew that he was to make a report if he was every sexually assaulted or harassed.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-1 outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO Policy 5.1.2-A and Policy #2015-1 also requires the institution to consider 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. Prior to the audit reviewed one background check conducted on staff and employees, and during the audit reviewed additional background checks and employee application packets. Through review of personnel records and staff interviews it was determined Parkview Center staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. During the audit it was determined that two staff randomly selected did not have background checks on file. Corrective action plan included GEO and Parkview Center finding the background checks on those two individuals and if not done to conduct background checks. Background checks for the two staff were located and provided to the auditor, both were done within the last five years. No staff were promoted in 2014 or 2015.

GEO Policy 5.1.2-A and Policy #2015-1 requires background checks for staff; and to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Prior to the audit reviewed one background check of an employee. Criminal background checks are done using ACCURATE Background Inc. and additionally GEO conducts employment checks and check motor vehicle reports. During the audit reviewed eight additional background checks and employee application packets that demonstrated background checks were done prior to employment, and none had a background check more than five years old. Interviews of Human Resource staff and employee application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

GEO Policy 5.1.2-A and Policy #2015-1 requires criminal background records check before enlisting the services of any contractor who may have contact with residents. During the audit it was determined that the medical staff from Alaska Department of Corrections who provide medical services did not have background checks. Corrective action plan included coordinating with Alaska Department of Corrections to provide the background checks of medical staff who work part time at the Parkview Center. GEO and Parkview Center requested demonstrating background checks having been done be provided and if not done within the last five years, background checks be conducted and provided to Parkview Center and GEO. On January 4, 2016, Alaska Department of Corrections provided documents demonstrating Alaska Department of Corrections had completed background checks of the medical staff on December 31, 2015. The Parkview Center will be tracking background checks of Alaska Department of Corrections medical staff in the future.

GEO Policy 5.1.2-A and Policy #2015-1 states shall ask all applicants and employees who may have contact with residents directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. GEO Policy 5.1.2-A and Policy #2015-1 requires information be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Prior to the audit received two staff document each for applicant, and annually demonstrating they addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Both of these policies were confirmed through interviews and review of additional personnel documents to include examples of employee annual affirmation during the audit. During the audit reviewed six additional employees files that demonstrated employees who may have contact with residents directly are asked about

previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct.

Standard 115.218 Upgrades to facilities and technologies

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through review of GEO Policy 5.1.2-A and Policy #2015-1 and interviews with the PREA Coordinator, PREA Compliance Manager, and Facility Administrator it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. Reviewed camera plans and the requests and justification for additional cameras to enhance the center's ability to protect residents from sexual abuse. In the 2013 and 2014 of the video monitoring system, additional cameras were identified. Parkview Center provided invoices for the camera equipment in 2014 and 2015.

Standard 115.221 Evidence protocol and forensic medical examinations

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Policy #2015-6 outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. Parkview Center investigator handles all the administrative proceedings regarding PREA allegations. Criminal investigations are conducted by the Anchorage Police Department. There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. Majority of the staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when an resident alleged sexual abuse. The auditor conducted interviews with Parkview Center investigator, and he had a good understanding of the investigative procedures and responsibilities and evidence protocols.

GEO Policy 5.1.2-A requires all victims of sexual abuse are provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate, by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Parkview Center plan was to send the victims of sexual abuse to Providence Alaska Medical Center. On 9 October 9, the auditor called a number of agencies to assist with victim advocates, and discovered

Anchorage has a Sexual Abuse Response Team (SART). When notified of a sexual abuse, the SART meets all sexual abuse victims at the University Lake Plaza – Alaska Native Medical Center. The SART team includes victim advocates and on call SAFE and SANE staff. There was no resident sent for a forensic exam in the last 12 months. The corrective action plan was to change their servicing hospital to University Lake Plaza – Alaska Native Medical Center after coordinating with the Anchorage Police Department (they notify the SART) and University Lake Plaza – Alaska Native Medical Center. This was completed on October 28, 2016.

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

GEO Policy 5.1.2-A requires the facility to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. During the audit it was identified that Parkview Center did not have an agreement with a Rape Crisis Center for victim advocacy services. It received victim advocate services through Standing Together Against Rape (STAR). STAR would not provide victim advocacy service in person at the center; nor would they provide victim advocacy service at the hospital for residents convicted of a sexual offense. STAR provides victim advocate support for the Anchorage SART. Abused Woman Aid in Crisis Inc will only provide emotional support over the phone not at hospital or at facility. Sex offenders would not be provided victim advocates in person at the hospital or during an investigation. Prior to the audit no victim had requested a victim advocate during the audit cycle. Corrective action plan was to train qualified staff to provide victim advocacy services when STAR would not (sex offenders). The auditor telephoned STAR staff to see what support could be provided. Parkview Center could not find a Rape Crisis Center who would provide victim advocacy services to a convicted sex offender. Per conversation with the auditor, STAR offered to provide the training at a costs. GEO PREA Coordinator searched for victim advocacy training curriculum while Corova Center and Parkview Center Facility Directors worked with STAR. The PREA Coordinator researched victim advocacy training and created a GEO victim advocacy training that was reviewed by the auditor and determined to meet the requirements of PREA. Seven qualified staff from the three GEO centers in Anchorage was trained. PREA fliers and posters were updated to identify victim advocates. This was completed on April 29, 2016.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

GEO Policy 5.1.2-A requires the facility when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. During the audit it was identified that Parkview Center did not have an agreement with a Rape Crisis Center for victim advocacy services. It received victim advocate services through Standing Together Against Rape (STAR), except for resident convicted of a sex offense, their victim advocacy service would not be in person or at the hospital. Abused Woman Aid in Crisis Inc will only provide emotional support over the phone not at hospital or at facility. Prior to the audit no victim had requested a victim advocate. Corrective action plan was to train qualified staff to provide victim advocacy services when STAR would not (sex offenders). The auditor telephoned STAR staff to see what support could be provided. Parkview Center could not find a Rape Crisis Center who would provide victim advocacy services to a convicted sex offender. Per conversation with the auditor, STAR offered to provide the training at a costs. GEO PREA Coordinator searched for victim advocacy training curriculum while Corova Center and Parkview Center Facility Director worked with STAR. The PREA Coordinator researched victim advocacy training and created a GEO victim advocacy training that was reviewed by the auditor and determined to meet the requirements of PREA. Seven qualified staff from the three GEO centers in Anchorage was trained. The seven qualified staff will be used as a pool of victim advocates that could be used when other victim advocates could not provide services, and would not be from the facility the victim is a resident of. PREA fliers and posters were updated to identify victim advocates. This was completed on April 29, 2016.

Prior to the audit, the Parkview Center had not requested the Anchorage Police Department to follow PREA standards when conducting sexual assault investigations at the Parkview Center. On October 8th the Parkview Center officially requested the Anchorage Police Department to follow PREA standards when conducting sexual assault investigations at the Parkview Center by email.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO and the Parkview Center ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Through interviews of the Facility Director and investigative staff; it was determined the Parkview Center ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Review of the Parkview investigation tracking log demonstrated there were no allegations of a sexual abuse and sexual harassment at Parkview Center during the audit cycle.

GEO Policy 5.1.2-E ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

There was no signed MOU between Anchorage Police Department and Parkview Center to handle criminal investigations. A MOU was pending signature. There was no publication that described the responsibilities of the Anchorage Police Department and Parkview Center. Corrective Action Plan was to either get the MOU signed or expand policy #2015-6 to include responsibilities and post on web site. Policy #2015-6 was modified to include responsibilities of the Anchorage Police Department and Parkview Center and posted on the web site (February 11, 2016).

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A addresses PREA staff training requirements. Parkview Center employees receive PREA training annually through scheduled training and staff recall meetings. The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Employees have to acknowledge they understood the training. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual

abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. Employees sign an acknowledgement form that they have received and understood the training they received during pre-service training. Prior to the audit the auditor reviewed sign-in rosters with 22 staff and two staff memorandum demonstrating staff understood the PREA training provided. During the audit, the auditor randomly selected six additional training records for review, all staff members had been trained and there was documentation the staff signed stating they understood the training received.

Standard 115.232 Volunteer and contractor 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with residents. Prior to the audit the PREA slides; and two volunteer training records and memorandum stating they understood the training was provided. Interviewed volunteers on site and all understood PREA and stated they had received training. All volunteers who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews of the volunteers demonstrated their knowledge of PREA, their responsibilities and the agency zero tolerance policy.

While on-site the auditor requested the training records for Alaska Department of Corrections medical staff, none of which could be provided. During the interview of the medical staff they acknowledged not receiving any PREA training. Corrective action was for medical staff to receive both contractor and medical training. GEO PREA Coordinator decided that DOC medical staff should attend regular staff training. On January 22, 2016 Alaska DoC medical staff completed regular staff training using GEO staff training and medical training using the National Institute of Corrections (NIC) on line specialized medical PREA training. The auditor was provided documentation that the training was completed, in the case of staff training, that the training was understood. Note it would have been easier if they completed the contractor training, but GEO PREA Coordinator determined it was better for them to complete the staff training. GEO should be commended for going the extra mile.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-2 requires that all residents receive PREA information upon arrival and PREA education. During intake residents are provided PREA information that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. Residents acknowledge receiving the PREA information in writing. The PREA Education

Manual is very comprehensive covering a safety message, PREA definitions, preventing, reporting, filing a grievance, information on outside reporting and confidential emotional support. The PREA Education Manual is provided in English and Yupik (Alaskan Native Language). Prior to the audit, the auditor was provided two examples of residents being provided PREA manual and received training. During the audit, the auditor randomly selected ten resident records for documentation they received the information and training. The auditor also observed the residents receiving PREA information and the PREA education being provided. Posters also remind residents how they can report sexual assault or sexual harassment and are clearly visible throughout the facility. Posters are posted in the housing units in formats accessible to all residents. Posters are in English and Yupik. Information provided included: resident rights; how to report; what to expect after you report; and how to protect yourself against sexual assault.

During the tour and interviews most residents acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy; the difference between sexual abuse and sexual harassment; and that they have the right to be free from retaliation for reporting such incidents. The PREA video continuously plays in the main TV room, and there a lot of posters throughout the facility. The auditor took a break from the interviews and watched the PREA video which was very informative.

Standard 115.234 Specialized training: 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires the institution's investigator receives specialized training in addition to the general education provided to all employees. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation that the investigator has received both the general and investigative PREA training. Two staff are trained as investigators. The lesson plans, slides and sign in sheets were reviewed and interview of the investigator demonstrated good understanding of how to conduct a sexual abuse investigation in a confinement setting.

Standard 115.235 Specialized training: Medical and mental health care

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment.

While on-site the auditor requested the training records for Alaska Department of Corrections medical staff, none of which could be provided by the Parkview Center. During the interview of the medical staff they acknowledged not receiving any PREA training. Corrective action was for medical staff to receive both contractor and medical training. GEO has very good training curriculum for its medical and mental health staff. GEO coordinated with Alaska Department of Corrections to provide the required training. GEO provided the training slides for review and conducted the training. Training documents demonstrating training was conducted were provided to the auditor. On January 22, 2016 Alaska Department of Corrections medical staff completed GEO staff training and the NIC on line specialized medical PREA training.

Medical staff does not conduct forensic medical examinations.

Standard 115.241 Screening for risk of victimization and abusiveness

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-3 for Anchorage Area Facilities Cordova, Midtown and Parkview, Subject Screening and Admission, clearly communicates the facility's responsibilities regarding intake screening and follow-up assessments. All residents are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The screening is completed within 24 hours of arrival by policy, observation of screening and check of resident records. The auditor had the staff that performs the screen to conduct a screen of the auditor to demonstrate the process of filling out the screening form. The process was done very professionally. All the criteria referenced in the standard are on the form and residents are asked all of the questions required to be asked to the resident. The screen also requires the screener to make his/her own assessment of whether the resident is gender non-conforming. The screening instrument is objective in determining if the resident is at risk for victimization or abusiveness. Between 15 – 30 days the facility reassesses the resident's risks of victimization or abusiveness and by policy the residents risks level is reassessed again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. During the interviews, the staff conducting the screens stated they tried to get the screen done on the 21st day. Prior to the audit the auditor was provided two initial and follow-on screen. During the audit, the auditor randomly selected and reviewed ten initial and follow-on screens as applicable.

All residents are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

The GEO policy states that residents will not be disciplined for refusing to answer or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d) (7), (d) (8), or(d) (9).

The Parkview Center has proper controls on the dissemination of the intake information, within the facility to insure that sensitive is not exploited to the resident's detriment by staff or other residents. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other residents. The screening instrument was restricted to staff making housing, work and program assignments. During residents interviews, most residents who arrived within the last 12 months remembers receiving the initial screen upon arrival, some remember a second screen.

Standard 115.242 Use of screening information

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-3 outlines the use of the screening form to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each resident. GEO Policy 5.1.2-A and #2015-3 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex resident to an institution for male or female resident, housing and programming assignments, based on the resident's health and safety, resident's own views with respect to his or her own safety, and whether the placement would present management or security problems; allowing transgender and intersex residents the opportunity to shower separately from other residents; and not placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

Through a review of screening forms, housing and program decisions, resident and staff interviews, it was determined Parkview Center uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping residents at high risk of being sexually victimized separate from those at high risk of being sexually abusive. There is a lists strictly controlled of all the residents identified as at risks of being sexually abused or at risks of sexually abusing other residents. The decisions are made on a case-by-case basis using information from the screen, assigned PREA classification, and good correctional judgment. The process is clearly defined in the policies and implemented in the use of PREA and classification forms. The auditor reviewed random forms, and it was documented how they place residents at risks of being sexually abused in specific areas of the center and not with those identified as at risks of sexually abusing other residents. The Parkview Center also provided a document stating no transgender or intersex from January 2014 – October 9, 2015.

Standard 115.251 Resident 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policies 5.1.2-A, #2015-2, and #2015-6 provide ways for residents and staff to report. Staff private report using GEO hotline, website on first responder cards. The Parkview Center provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents; provides at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. These methods include verbally or in writing to PREA Audit Report

staff, residents can use a third party, through a grievance, to Alaska Department of Corrections PREA Coordinator, and RAINN National Network. GEO websites provides information for third party reporting. Resident education material posted throughout the facility and in the resident handbook provide the residents the information. GEO policies and staff fliers provide information on PREA to include ways for staff to privately report sexual abuse and sexual harassment of residents. During interviews some of the staff knew they could privately report sexual abuse and harassment using GEO hotline and website on the first responder cards.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Parkview Center grievance procedure is consistent with the requirements of this standard except it does not address 115.252(d)(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal and 115.252(e) (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. Correction Plan was for GEO Policy #2015-5 to be updates to address: computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal; and if the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. GEO Policy #2015-5 for Anchorage centers was update and this standard was found to meet standard on October 30, 2015.

The Parkview Center grievance log demonstrates no residents have used the grievance procedure to report any allegation of sexual harassment or sexual abuse during the audit period.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-6 states residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the institution shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Parkview Center had no MOU or documentation to demonstrate attempted an MOU with STAR for outside confidential support services though listed on fliers. Corrective Action Plan includes contacting Abused Woman Aid in Crisis Inc for a MOU, and putting the Victim Advocate in Alaska handout provided to the auditor by JDI in the library for use by the residents. The auditor had talked to Abused Woman

Aid in Crisis Inc who stated they could provide some support. Abused Woman Aid in Crisis Inc will only provide emotional support over the phone not at hospital or at facility. Parkview Center update posters with resources for confidential support services. RAINN and Abused Woman Aid in Crisis Inc phone numbers were listed on the updated PREA posters to provide emotional support. Posters with the information are posted mainly in the housing units, but also others areas of the center. The Victim Advocate in Alaska handout was placed in the library for use by the residents.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. GEO websites outline methods to receive third party reports of sexual abuse and sexual harassment. GEO Website has a PREA section on their home page, and the PREA section is easily accessible. It provides an email to report sexual misconduct on behalf of an offender. Posters and brochures at the Parkview Center provides the residents a telephone number and email family friends can report sexual misconduct to include retaliation as a third party. Discussion with residents demonstrated they knew how third party reporting could be accomplished. Posters are located throughout the facility to include in all entrance buildings and visitation room for visitors to see.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO and Parkview Center policies require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Interviews of staff verified staff would immediately report to the supervisor or the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Investigation logs and residents and staff interviews confirmed no allegations of sexual abuse or harassment reported to the center staff, designated investigator or third party. Since there are not youthful offenders in this facility, 115.261(d) is not applicable.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-6 requires staff to take immediate action to protect any residents they learn is subject to substantial risks. Interviews with staff demonstrate they know the steps to take to protect a resident subject to risks of imminent sexual abuse. Security staff immediately employ protection measures as the information is passed to the Investigator, PREA Compliance Manager and Facility Administrator. No residents has reported substantial risks of sexual abuse.

During the random interviews with the security and non-security staff, all knew that if they were told a resident was in imminent danger of being sexually assaulted the first priority would be to remove the resident from the immediate danger and notify the Supervisor on Duty.

The Parkview Center reported that in the previous 12 months there were no reports of any resident being at risk of imminent sexual abuse.

Standard 115.263 Reporting to other confinement facilities

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO and Parkview Center Policy 5.1.2-A and Policy #2015-6 state that if there is an allegation that a resident was sexually abused at another facility, the facility administrator would notify (within 72 hours) the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification would be documented. Review of screening records, and interviews with the facility administrator, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have occurred at Parkview Center. The Parkview Center reported that not allegations of sexual abuse at another facility in the past 12 months.

Standard 115.264 Staff first responder 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-6 specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with staff confirm both security and non-security staff knew what to do upon learning a resident was sexually abused. Staff stated that these procedures are discussed, in great detail, during the annual PREA training. There were no incident that resulted requiring a staff first responder action during the last 12 months.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy requires each institution to have an institution plan that to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership . The Parkview Center written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership was not complete. Interviews of first responders and facility leadership confirmed they were knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities.

The plan did not cover duties of medical and mental health practitioners, and investigators. The corrective action plan was to expend the Parkview Center written institutional plan to include responses of the investigators, medical, and mental health practitioners. The coordinated plan was updated October 29th to include actions taken by the investigator, medical, and mental health practitioners.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2.-E addresses collective bargaining units and says in every case remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation and #2015-6 states staff members would be put on administrative leave. Parkview Center has no collective bargaining agreement.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-6 designates who conducts monitoring for retaliation and describes the steps to be taken to prevent retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. No allegations of sexual abuse or harassment have been reported, thus no examples of monitoring residents were provided.

The auditor interviewed the PREA Compliance Manager who conducts the monitoring. The PREA Compliance Manager knew Parkview Center has a zero tolerance for retaliation in any form, what she should be looking for, and multiple measures she could employ to ensure no retaliation. The human resource staff monitors employees for retaliation.

Staff during interviews said face to face monitoring would be done weekly with the resident.

Parkview Center reports zero allegations, thus there have been no monitoring for retaliation.

Standard 115.271 Criminal and administrative agency 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review GEO and Parkview Center policies, and interviews of investigators it was determined investigations into allegations of sexual abuse and sexual harassment would be done thoroughly, and objectively for all allegations. The current and previous Parkview Center investigators have received special training in sexual abuse investigations. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as resident or staff. GEO and Parkview Center does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. If it is believed that allegation is of a criminal nature, the Anchorage Police Department is immediately notified and initiates a criminal investigation. All investigations would be documented in written reports and are retained consistent with PREA requirements. Investigators would interview victims and witnesses; review camera, phone call monitoring, physical evidence, DNA evidence, and resident records. The departure of the alleged abuser or victim from the employment or control of the GEO does not provide a basis for terminating an investigation.

There were no investigations for the auditor to review from the audit cycle.

Standard 115.272 Evidentiary standard for administrative 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of the GEO and Parkview Center policies, and interviews with the investigators confirm the Parkview Center imposes no standard higher than a preponderance of the 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-E and Policy #2015-6 requires facilities to inform the resident as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the resident as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the resident whenever the staff member is no longer posted within the resident's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the resident allegation is against an resident be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

There were no allegations of sexual abuse or harassment during the reporting period.

Standard 115.276 Disciplinary sanctions for staff

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policies and employee handbook states staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Interviews of staff demonstrated they knew staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Due to no allegations, no staff have been terminated or disciplined during this audit period.

Standard 115.277 Corrective action for contractors and volunteers

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO and Parkview Center policies, prohibit contractors or volunteers who engaged in sexual abuse to have contact with residents and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. It was reported that there have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of residents or staff.

Standard 115.278 Disciplinary sanctions for 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per review GEO Policy 5.1.2-E, and interviews with Parkview Center staff, residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories; and considers whether an resident's mental disabilities or mental illness contributed to his or her behavior. In the past 12 months there have been no allegations of sexual abuse or sexual harassment during the reporting period. GEO prohibit all sexual activity between residents and discipline residents for such activity.

Standard 115.282 Access to emergency medical and mental health 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-6 identifies all the steps Resident Supervisors, non-security staff and other service providers must take at the Parkview Center, in an organized and collaborative way, to address an allegation of sexual abuse. Per GEO Policy 5.1.2-A, resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate; and qualified medical practitioners are on duty 24 hours. Upon returning from the hospital a registered nurse evaluates and documents the resident health status, and refers mental health services. The resident is prioritized for sick call and if the emergency room complete testing sexually transmitted diseases, testing is done at the facility. Emergency Forensic Services provided by SAFE or SANE professionals would be provided by University Lake Plaza – Alaska Native Medical Center. Treatment services would be provided to the victim of a sexual assault without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No resident were referred to offsite emergency medical or mental health services during the audit cycle.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per GEO Policy 5.1.2-A and Policy #2015-6, interviews of medical staff and the facility Administrator, the Parkview Center would offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility; provide treatment of victims to include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care; resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, timely and comprehensive information about and timely access to all lawful pregnancy-related medical services; tests for sexually transmitted infections as medically appropriate; and treatment services would be provided to the victim without financial cost.

No residents were placed on a treatment plan related to sexual abuse during the audit cycle.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A and Policy #2015-6 identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. GEO has detailed procedures and an excellent PREA after action review form that addresses all elements of the standard. There were no allegations of sexual abuse thus no incident reviews were conducted. By GEO policy the institution implement the recommendations for improvement, or shall document its reasons for not doing so. Incident review team members were interviewed and were knowledgeable of the process.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated.

GEO does not contract its residents to other facilities (115.287 (e)).

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO Policy 5.1.2-A requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. It is then provided to the agency contracted with, who produces an annual report with comparisons from previous years and corrective actions, and posted on that agency website. The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency's progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the GEO annual report. The auditor previously reviewed the GEO 2013 and 2014 PREA annual reports. The GEO 2015 annual report is posted on the website, and was reviewed by the auditor. The GEO PREA annual report is a very good report with comparison of current and previous year data; and an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. The GEO website PREA tab is easy to find, and is very informative.

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)

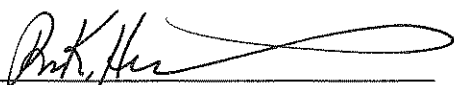
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of GEO policies, website, storage of documents at the center, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution 2013, 2014, and 2015 data is in the annual report and posted on the website. GEO maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- 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.

David Haasenritter 

September 7, 2016

Auditor Signature

Date