

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report 11/09/2018

Auditor Information

Name: David Andraska	Email: david.andraska@nakamotogroup.com
Company Name: The Nakamoto Group, Inc.	
Mailing Address: 11820 Parklawn Dr., Suite 240	City, State, Zip: 11820 Parklawn Dr., Suite 240
Telephone: 301-468-6535	Date of Facility Visit: September 27-28, 2018

Agency Information

Name of Agency: The GEO Group Inc.		Governing Authority or Parent Agency (If Applicable):	
Physical Address: One Park Place, Suite 700 621 Northwest 53rd Street		City, State, Zip: Boca Raton Florida 33487	
Mailing Address: Same as above		City, State, Zip: Same as above	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To be the leading provider of innovative, outcome-based, rehabilitative and technology enabled services designed to support out public sector partners.			
Agency Website with PREA Information: www.geogroup.com (Social Responsibility Section)			

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Phebia L. Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email: pmoreland@geogroup.com	Telephone: 561-999-5827
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 109

Facility Information

Name of Facility: Tundra Center

Physical Address: 680 Ridgecrest Drive, Bethel, AK 99559

Mailing Address (if different than above):

Telephone Number: 907-543-3414

The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: To be the leading provider of innovative, outcome-based, rehabilitative and technology enabled services designed to support out public sector partners.

Facility Website with PREA Information: www.geogroup.com (Social Responsibility Section)

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: David Natkin	Title: Facility Director
Email: dnatkin@geogroup.com	Telephone: 907-543-5632

Facility PREA Compliance Manager

Name: Michaela Lockes	Title: Office Support Specialist
Email: mlockes@geogroup.com	Telephone: 907-543-3414

Facility Health Service Administrator

Name: N/A	Title:
Email:	Telephone:

Facility Characteristics

Designated Facility Capacity: 83	Current Population of Facility: 53
Number of residents admitted to facility during the past 12 months	
602	

Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:		0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		439
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		439
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 20-71	<input type="checkbox"/> Juvenile
		<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:		6 months
Facility Security Level:		low
Resident Custody Levels:		low
Number of staff currently employed by the facility who may have contact with residents:		13
Number of staff hired by the facility during the past 12 months who may have contact with residents:		1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		1
Physical Plant		
Number of Buildings: 1	Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:	0	
Number of Open Bay/Dorm Housing Units:	Male-19 rooms/3 apartments; Female- 4 rooms	
Tundra Center employs a video camera and monitoring system for video surveillance. Forty-nine cameras are placed strategically throughout the facility to ensure the safety and security of both inmates and staff.		
Medical		
Type of Medical Facility:	No medical facility on-site	
Forensic sexual assault medical exams are conducted at:	Yukon Kuskokwim Health Corporation	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	4	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111	

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Tundra Center which is owned and operated by The GEO Group, Inc. (GEO) was conducted on September 27-28, 2018. This was the first Department of Justice (DOJ) PREA audit for this facility. The Tundra Center contracts with the Alaska Department of Corrections. The PREA Audit was coordinated through GEO and The Nakamoto Group, Inc. and DOJ Certified PREA Auditor David Andraska was assigned to conduct the audit. A line of communication was developed between the GEO PREA Coordinator, the GEO Regional Program Performance Manager and the auditor.

The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the Pre-Audit Questionnaire (PAQ). The documentation reviewed by the auditor included both agency and facility policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by residents and also reviewed the GEO website. Prior to the on-site audit, GEO conducts an internal mock audit of the facility to prepare for the PREA audit. Results of the mock audit were discussed with the auditor prior to the start of the audit. Most of the recommendations per the mock audit were implemented prior to the on-site audit.

The audit began on Thursday morning, September 27, 2018 with an entrance meeting with the Facility Director and the GEO Regional Program Performance Manager to discuss any concerns regarding the audit process and finalize the facility interview schedule. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and residents. Areas visited during the tour included the main lobby, all resident housing areas, intake, the laundry, the kitchen, recreation areas, visiting room, all program areas and the monitoring station. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; and tested the inmate phone system for reporting PREA allegations and for requesting emotional support services. PREA posters and the notification of the PREA audit were observed posted throughout all areas accessible to residents. The notification of the PREA audit visit was documented as posted on August 9, 2018. A photograph of the posted notice was provided to the auditor.

The Tundra Center has 13 staff that may have contact with residents. The security staff is assigned to either two 12 hour or three-eight hours shifts, depending on vacancies and staff availability. The auditor conducted interviews with all security staff working during the on-site audit visit. Non-security specialized staff, management staff and a volunteer were also interviewed. The Agency Head and PREA Coordinator interviews had previously been conducted by this auditor and were utilized as part of this audit. The auditor contacted the PREA Coordinator to ascertain whether there were any changes to the previous responses. A total of 13 GEO corporate and facility staff and one volunteer were interviewed. All staff

members are trained as first responders and those questioned were well versed in their areas of responsibility, when responding to PREA allegations.

On the first day of the audit there were 53 residents (50 males and three females). Sixteen residents (13 males and three females) were interviewed. One inmate refused to be interviewed. Ten residents were randomly selected and six residents were in the targeted group. These included one resident that was hard of hearing and five residents that were identified as being potentially vulnerable to sexual victimization or had previously reported sexual abuse. The facility did not have any other residents in the target group. No residents contacted the auditor prior to the audit. All residents interviewed stated they felt safe and demonstrated a good understanding of the PREA and reporting options.

There were no allegations of sexual abuse or harassment reported by residents in the past twelve months.

The auditor examined a random sampling of personnel files and staff, volunteer and contractor training files that are maintained at the facility. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff received the required PREA training. The auditor viewed the signed "Training Acknowledgement Form" documenting that all staff understood the PREA training received. The auditor selected and examined a random sample of resident case files and reviewed documentation, indicating by their signature, the residents received and understood the PREA information. The auditor also reviewed documentation associated with initial risk screenings and reassessments.

Facility Characteristics

The Tundra Center is located at 680 Ridgecrest Drive in Bethel, Alaska. This small, rural town is located on the Kuskokwim River in the remote southwest area of the State. The facility is currently under contract with the State of Alaska Department of Corrections (Client). The Tundra Center provides temporary housing, monitoring and transitional services for 85 minimum security, adult male and female offenders. The population is made up of primarily Native Alaska residents from Bethel and surrounding villages. The males and females are kept separate and each has their own dining hall, bathrooms, showers, workout room and bedrooms. The males are located on the east side of the first floor and in three apartments on the second floor. The females are located on the west side of the first floor. Security measures include 24-hour custodial supervision, closed circuit surveillance cameras and frequent census checks.

The center accommodates pre-trial and alternative to incarceration programs. It provides an in-house Sex Offender Program (SOP) and Cultural Relevance Program, as well as the following services in the community: Substance Abuse Counseling, Residential Outpatient Services for Bethel Therapeutic Court participants, Religious Activities and a Community Work Service Program. 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.

Summary of Audit Findings

When the on-site audit was completed, an exit meeting was held with the Facility Director, GEO Regional Program Performance Manager and the GEO Alaska Senior Area Manager to discuss audit findings. It was noted that that five standards were not in compliance and additional documentation was required as follows:

115.213- Documentation of unannounced supervisor PREA rounds

115.215- PREA approved shower curtain installed in 1st floor male bathroom

115.217- Five year background checks for three employees

115.232- Volunteer Training Acknowledgments

115.241- 30 day reassessments for residents due in September and October 2018

It should be noted that the Tundra Center was without a permanent Facility Director for an extended period of time. The current Facility Director started one week prior to the audit. The Security Manager position is also vacant. The Office Support Specialist is transitioning from a resident monitor position and is still currently working full time in that position, as well as learning the duties of her new position. The auditor had been provided with extensive files prior to the audit for review. While at the facility, the auditor reviewed a sufficient sampling of records, based on the size of the facility, which included resident case records, training records, an investigative report and additional program information and documents. The auditor interviewed the required number of staff and residents, based on the population, and all were knowledgeable regarding the PREA. The facility staff members were found to be cooperative and professional. All areas of the facility were clean and well maintained. The auditor explained the audit report process. The auditor thanked the Facility Director and staff for their hard work, dedication and commitment in complying with the PREA standards.

Following the onsite audit visit, the facility provided additional documentation to the auditor for review. The facility provided the requested documentation for the five standards. After review of the additional material and all documentation reviewed during the Pre-Audit Phase and the onsite audit, as well as observations made during the on-site review and interviews with residents and staff, a determination was made that the facility was in compliance with all PREA standards.

Number of Standards Exceeded: 1

115.288

Number of Standards Met: 40

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

As discussed above, the facility provided the requested documentation prior to the completion of this final report and it was determined that no additional corrective action was required.

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities, Tundra Center Policy 2014-1, PREA Staffing and Facility Requirements, Tundra Center Organization Chart and the GEO PREA Organization Chart were reviewed and address the requirements of this standard. The written policies mandate zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's and facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of residents with sanctions for those found to have participated in these prohibited behaviors.

GEO employs an upper-level, agency-wide PREA Coordinator who is a Director in the Contract Compliance Division for GEO. She is very knowledgeable of PREA standards and has the authority to develop, implement and oversee PREA compliance. She is very active in coordinating the PREA, sending updates to facilities, especially as Frequently Asked Questions are posted on the PREA website. She conducts training and meetings to keep PREA Compliance Managers up-to-date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. She indirectly supervises 109 PREA Compliance Managers through three Regional Coordinators, one Community Corrections Coordinator and one Juvenile Coordinator. She often goes directly to the Compliance Managers to coordinate changes, provide updates and conduct training, as well as travel to be on-site during audits.

Tundra Center's PREA Compliance Manager is temporarily the Office Support Specialist until the newly hired Facility Director can assume the duties. Per interviews with the PREA Coordinator and PREA Compliance Manager, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of residents. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and annually as outlined in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance toward sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance toward sexual abuse and sexual harassment were observed by the auditor to be strategically located and accessible throughout the facility for staff and resident awareness.

Based on the review of established policies and procedures, staff PREA training, resident PREA education and information, interviews with staff and residents, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of an Agency- wide PREA Coordinator, as well as regional and facility PREA Compliance Managers, Tundra Center is compliant with this standard

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates, residents or detainees.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO ensures each institution develops, documents and make its best efforts to comply, on a regular basis, with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse by monitoring and reviewing the staffing plans. GEO in collaboration with the Client determines the staffing plan and the Client also monitors compliance with the plan. GEO Policy 5.1.2-A and Tundra Center Policy 2014-1 establish procedures to develop and monitor staffing plans and use the criteria found in Standard 115.13 (a), to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or residents may be isolated); composition of the residents population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

The auditor reviewed the Tundra Center Annual PREA Facility Assessment dated 6/16/17. The PREA facility assessment is reviewed annually by the Vice President-Residential Facilities and the PREA Coordinator. The signature of the PREA Coordinator on the assessment confirmed that this was done in consultation with her. GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered, blind-spots are acknowledged and steps are taken to fix the blind spots. There is a brief description of the resident population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The PREA Annual Assessment determines and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and whether the resources the facility has available to commit will ensure adherence to the staffing plan. The mock audit recommended adding surveillance mirrors in key locations in the building and these were installed prior to the on-site audit. Supervisory personnel conduct weekly count verifications utilizing the security camera surveillance system to ensure staff complete required counts and rounds. Doors to all

restricted areas are locked and signage instructing residents they are not allowed to enter the area.

By policy, the facility documents all deviations to the plan and they are reported to GEO. Per the Pre-audit Questionnaire, an interview with the Facility Director and a review of staffing schedules, there were no deviations from the plan, during the audit period. The facility authorizes overtime to fill all positions. The Facility Director reviews posting logs to ensure all posts are properly manned.

Intermediate and higher level supervisors per policy are required to conduct and document unannounced PREA rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. As part of the unannounced PREA rounds, supervisors check for opposite gender announcing their presence, PREA signage and staff/resident awareness of the PREA. The unannounced PREA rounds are documented in logs. The binder containing the logs was reviewed by the auditor, who determined that rounds were not being consistently documented. The facility provided documentation for all required unannounced PREA rounds for September and October 2018.

Based on a review of policies, PREA unannounced rounds logs, staffing plan and annual facility assessment, as well as staff and resident interviews, observation while on-site of camera and mirror placement and an interview with the Facility Director, Tundra Center is compliant with this standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A and Tundra Center Policy 2014-4, Resident Searches, Viewing and Contraband, Guidance in Cross-Gender and Transgender Pat Searches training curriculum and staff training acknowledgements were reviewed and address the requirements of this standard. Staff and resident interviews and direct observation determined the facility does not allow cross-gender viewing and searches. Tundra Center does not conduct cross-gender strip searches or cross-gender visual body cavity searches and staff members are prohibited from and do not search transgender or intersex residents to determine a residents' genital status. The facility provided memorandums stating there were no strip searches or visual body cavity searches conducted and that there were no cross-gender pat down searches conducted.

Based on interviews with staff and residents and personal observation, it was determined residents are able to shower, perform bodily functions and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. A PREA-approved shower curtain was recommended for the first floor men's shower area. Per the photograph provided by the facility, the curtain was installed in October 2018. Interviews with staff and residents and direct observation determined that staff members of the opposite gender announce their presence, when entering a housing area hallway. At Tundra Center, staff members do not enter the housing areas of residents of the opposite gender. There is signage on all dorm doors instructing staff of the opposite gender to announce their presence before entering.

Review of training records and lesson plans demonstrated staff had been trained on 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 were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex residents. Interviews with staff members demonstrated they had been trained and were knowledgeable of the proper procedures to conduct pat down searches of transgender and intersex residents.

Based on review of policy, documentation, training documents and photographs, along with interviews with staff and residents, Tundra Center is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities 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, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities 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, including: Residents who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities 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, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities 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, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities 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, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities 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, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Tundra Center Policy 2014-2, Intake and Orientation were reviewed and address the requirements of this standard. The policies ensure residents with disabilities and who are limited English proficient (LEP) have access to PREA information and programs. Tundra Center has taken appropriate steps to ensure that residents who are limited English proficient or disabled 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 with Language Line Services Inc., to provide foreign language translation, American and Spanish Sign Language and assistance. The PREA Education Manual for Residents is in English and Yupik. English and Yupik PREA posters are posted throughout the facility for residents, staff and visitors. Staff interviewed and a memo from the Facility Director stated residents are not used as interpreters, when addressing sexual abuse and sexual harassment allegations.

Informational and educational materials for residents with physical and mental 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 facility has a telecommunication device for the deaf (TTD) machine available. Residents with limited vision are assisted by some of the posters having been printed in larger print. For residents with a mental disability, staff members spend extra time to ensure they understand the PREA basics, to include definitions and reporting information. There were no LEP residents housed at the facility at the time of the on-site audit.

The review of policies, the PREA Education Manual and posters, resources available and supporting documentation, as well as staff and resident interviews, confirm Tundra Center is in compliance with this standard.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has 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? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has 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? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency 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? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts 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? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Tundra Center Policy 2014-1 were reviewed and address the requirements of this standard. The policies ensure staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement,

juvenile, or other penal type institutions; or who have 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.

The policies require the facility to consider any incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Tundra Center does not have any contract staff. The auditor reviewed a sample of staff application packets and staff personnel files. Through review of staff records and interview with the Office Support Specialist, it was determined staff and contractors are not hired or promoted who have 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. The documents and interviews also demonstrated GEO and the facility considers incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The policies also require background checks for staff and contractors prior to hiring or enlisting services for a contractor and again every five years. All employees are fingerprinted. Volunteers require a background check before entering the facility and annually, thereafter. In addition, the facility staff shall 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. An interview with the Office Support Specialist and a review of application packets 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. Criminal background checks for all potential employees are completed through Aurico, Accurate and the State of Alaska Department of Corrections. The auditor reviewed background check clearance emails for a random sample of employees and volunteers and found that a five year background check for one employee was not completed. An interview with the Office Support Specialist, who is new to the position, determined she was not aware five year backgrounds were needed. The auditor requested that the over due background check be completed for the one employee and that background checks also be completed and documented for two employees who were due for a background check, before the end of calendar year 2018. The facility provided the requested documentation.

Policies state Tundra Center 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. Policy 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. A review of new employees' files revealed that employees

who may have contact with residents directly are asked about previous sexual misconduct as described in PREA Standard 115.17 (a) in the written application and during interviews. Internal promotion interviews and/or written self-evaluations are conducted as part of reviews of current employees; and impose upon employees a continuing affirmative duty to disclose any such misconduct. Policies states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. Policies also state GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Based on a review of policies, documentation and employee personnel files, as well as an interview with the Office Support Specialist, Tundra Center is compliant with this standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A and Annual Facility Assessment were reviewed and address the requirements of this standard. The policies state, facilities shall consider the effect any new or

upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect Individuals in a GEO Facility or Program from Sexual Abuse. Tundra Center has not had any substantial renovations to the physical plant and has not installed or updated its video monitoring system since August 20, 2012.

The review of policies and the Annual Facility Assessment, camera placement, tour of the facility and an interview with the Facility Director, Tundra Center is compliant with this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the 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? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2.E and Tundra policy 2014-6 Sexually Abuse Behavior Prevention and Intervention Program were reviewed and address the requirements of this standard. The policy outlines 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. There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. Personnel interviewed were knowledgeable of the evidence protocols and could explain the protocol for obtaining useable evidence, when a resident alleged sexual abuse. The auditor conducted an interview with a GEO investigator, who had a good understanding of the investigative procedures and responsibilities and evidence protocols. Tundra Center does not house residents under the age of 18.

Yukon Kuskokwim Health Corporation provides SAFE and SANE services, when necessary, and a MOU has been established. They would provide a forensic exam, if applicable, and provide education and follow-up treatment to the resident. The auditor contacted the Yukon Kuskokwim Health Corporation Sexual Abuse Response Team (SART), during the on-site audit, and verified that they provide services to the Tundra Center residents.

Tundra Center makes available to the victim a victim advocate from a rape crisis center. In the past twelve months, there were no requests for victim advocacy services.

The review of policies and procedures, as well as interviews with the Facility Director, Investigator and a SANE provider, Tundra Center is compliant with this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to 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? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a.)]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A, 5.1.2-E Investigating Allegations of Sexually Abusive Behavior and Evidence Collection, Tundra policy 2014-6 and the GEO website were reviewed and address the requirements of this standard. The policies require an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment and that all allegations of sexual abuse or sexual harassment be referred for investigation to the appropriate authority. Allegations are initially reviewed by the Tundra Center. If the allegation

involves potentially criminal conduct, it is referred to the GEO Office of Professional responsibility, the Client and the Bethel Police Department. GEO's investigative policy is available on the GEO Website.

There were no allegations of sexual abuse/harassment reported in the past twelve months.

The review of policies and interviews with the Facility Director and Investigator confirmed an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment and the Tundra Center is compliant with this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A, PREA Staff Training Curriculum and PREA Staff training acknowledgments were reviewed and address the requirements of this standard. The training curriculum 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; the resident's 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; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and transgender and intersex searches.

Tundra Center staff members receive initial PREA training as well as PREA training annually through scheduled mandatory training. The PREA training curriculum was reviewed and the auditor verified that the training provided to employees is very comprehensive. The PREA Coordinator modifies the GEO wide PREA training curriculum annually, focusing on areas identified as needing more emphasis. Employees sign an acknowledgement form that they have received and understood the PREA training. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse/sexual harassment, and staff negligence; their first responder duties; evidence preservation; and transgender and intersex searches.

Based on the review of policy, the staff training curriculum, rosters and signed training acknowledgments, as well as interviews with facility staff, Tundra Center is compliant with this standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors 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? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A, volunteer/contractor PREA training curriculum, training tracking sheets and signed training acknowledgments were reviewed and address the requirements of this standard. The curriculum was reviewed and found to be very comprehensive, in that it included the objectives of the training to ensure volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Interviews with a volunteer demonstrated his knowledge of the PREA, his responsibilities as it relates to the PREA and the agency zero tolerance policy. While the volunteer verbally stated he received PREA training, documentation of the training was not available at the facility. The auditor requested the training records and signed acknowledgments to verify that volunteers received and understood the PREA training. The documentation was provided to the auditor as requested. The contract employee was not available during the onsite audit to interview.

Based on the review of policy, training curriculums and supporting documentation and an interview with a volunteer, Tundra Center is compliant with this standard.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Tundra policy 2014-2, PREA Resident Education Manual, PREA video, Sexual Abuse Awareness Program and PREA Brochures, PREA Resident Reporting Options poster and signed resident acknowledgement forms were reviewed and address the requirements of this standard. Policies require that all residents receive PREA information upon arrival and PREA education within 30 days of intake. During intake, residents are provided information through a PREA Resident Education Manual (available in English and Yupik) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents while at Tundra Center. Staff members cover basic PREA information verbally. A PREA video is played during intake. During orientation,

they receive additional information which expands on the previous information provided. Residents acknowledge receiving the PREA information and watching the PREA video in writing. PREA information is continuously and readily available or visible to residents. PREA posters and brochures are posted throughout the facility in formats accessible to all residents to ensure that key information is continuously and readily available or visible to residents. Information on the posters and in the handouts, include: the zero tolerance policy; resident rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. The policies require information be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

During interviews, residents acknowledged the information being provided upon arrival and during orientation, and have seen posters displayed throughout the institution. The residents interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed two examples of a resident documenting the receipt of training and reviewed the signed resident training acknowledgements for all current residents while onsite, which demonstrated residents received PREA information upon arrival and acknowledged, in writing, they received the education manual, watched the PREA video and understood the training. The facility reported that all 602 residents admitted during the past twelve months received training on arrival.

Based on the review of policies and documentation, observation of the intake process and brochures and posters, as well as interviews with staff and residents, Tundra Center is compliant with this standard.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, PREA Specialized Investigation Training Lesson Plan, PREA basic training records, signed employee training acknowledgements and Specialized Investigator training certificates were reviewed and address the requirements of this standard. The policies require that the facility investigator receive specialized training, in addition to the general education provided to all employees. Tundra Center currently does not have a staff member trained in PREA Specialized Investigations. All investigations of allegations received at the Tundra Center are performed by GEO personnel that have been trained in PREA Specialized Investigations and assigned from the regional office in Anchorage. GEO currently has 111 trained investigators.

The GEO PREA Coordinator attended the Moss Group “Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting” sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. 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. Documentation was reviewed that indicates all investigators have received both the general and specialized investigation PREA training.

Interviews with an investigator and the review of policies, the training lesson plan and records confirms Tundra Center is in compliance with this standard.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A was reviewed and addresses the requirements of this standard. Tundra Center has no full or part time medical/mental health practitioners. All medical and mental health referrals are made to off-site providers.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever 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) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A, Tundra policy 2014-3 Screening/Admission, the PREA Risk Assessment Form and the PREA Vulnerability 30-day Reassessment Questionnaire were reviewed and address the requirements of this standard. The policies require the facility to conduct a screening for risk of sexual victimization and abusiveness within 24 hours of a resident's arrival; a follow-up screening for risk of sexual victimization and abusiveness within a set time

period, not to exceed 30 days from the resident's arrival at the facility; and reassessment of a resident's risk level 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.

The Tundra Center uses a standardized screening tool for initial assessments and for the 30 day reassessments. Prior to the audit, the auditor reviewed one example of a resident PREA assessment and the 30 day reassessment signed by the resident and staff completing the forms. As recommended per the mock audit, all current residents had reassessments completed and were issued a PREA Education manual on July 17, 2018. The auditor reviewed initial assessments and 30 day reassessments, if applicable, for all current residents at the facility while on-site. The initial screenings are typically completed immediately upon arrival. The auditor found that one 30 day reassessment was not completed. The auditor requested all 30 day assessments that were due in September and October be completed and the documentation be provided. The facility provided the requested documentation to the auditor. The facility reassesses the resident's risk of victimization or abusiveness by using the reassessment screening tool, which is based on any new information that may have arrived since the resident's arrival, and the resident is asked if they have been sexually threatened or assaulted and if they feel at risk of sexual abuse. A resident's risk level is also reassessed, 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. The screening instrument is objective in determining if the resident is at risk for victimization or abusiveness.

The auditor interviewed intake staff and reviewed resident screening forms. All the criteria referenced in the standard are on the current form. Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other residents. Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

Based on the review of policies, procedures and documentation, as well as staff and resident interviews, Tundra Center is compliant with this standard.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Tundra policy 2014-3 were reviewed and address the requirements of this standard. The policies outline the use of the screening form, to include using the information from the risk screening to determine housing, bed, treatment 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.

The policies state 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 residents, housing and programming assignments, based on the resident's health and safety, the resident's own views with respect to his or her own safety, and whether the placement would present management or security problems. Additionally, the policies require placement and program assignments to be reviewed twice a year for each transgender or intersex resident to review any threats to safety experienced by the resident; transgender and intersex residents be allowed the opportunity to shower separately from other residents; and lesbian, gay, bisexual, transgender, or intersex residents not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement in a dedicated institution, unit, or wing is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

The facility maintains an "At-Risk" log of those residents who could be at risk of being sexually victimized and those who are at risk of being sexually abusive. The facility also maintains a LGBTI tracking log. The logs are used as a tool to ensure those who could be sexually victimized are separated from those who could be sexually abusive, when making housing,

bed and other classification decisions. There were no transgender residents at the facility, during the on-site audit. Transgender and intersex residents would be given the opportunity to shower separately from other residents.

The review of policies, procedures and supporting documentation and interviews with the Facility Director, intake staff and Case Manager confirm the Tundra Center is compliant with this standard.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A Tundra policies 2014-2, 2014-6, PREA brochures and posters and the PREA Education Manual for Residents were reviewed and address the requirements of this standard. The manual, PREA brochures, and multiple posters displayed throughout the facility provide specific internal and external ways for residents to report sexual abuse, sexual harassment and retaliation by other residents or staff. Interviews with residents verified they were aware of multiple internal and external ways to report incidents of sexual abuse, sexual harassment and retaliation. Residents can report verbally and in writing to staff; through a third party, by submitting a grievance, to local law enforcement or to an outside advocacy group. During the tour, the PREA reporting option phone numbers were checked and found to be in working order. There are also drop boxes available for residents to submit allegations.

GEO employees may report Sexual Abuse or Sexual Harassment to the Chief of Security or facility management privately, if requested. They may also report sexual abuse or sexual harassment directly on the Internet at www.reportlineweb.com/geogroup or to the GEO Employee Hotline. Employees may also contact the Corporate PREA Director directly.

Staff members accept reports made verbally, in writing, anonymously and from third parties, and are required to promptly document any verbal reports.

A review of policies and PREA information provided to residents, observation during the tour of the institution and interviews with staff and residents confirm Tundra Center is compliant with this standard.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This

does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Tundra policy 2014-5, Grievance Process, and the PREA Education Manual for Residents were reviewed and address the requirements of this standard. Tundra Center does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint; and issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Third parties, including other residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. There were no PREA grievances filed in the past 12 months. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith. Residents are informed of grievance procedures in the PREA Education Manual.

A review of policies and procedures and the PREA Education Manual and interviews with staff and residents confirm Tundra Center is compliant with this standard.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with 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? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, Tundra policy 2014-6, the PREA Education Manual for Residents and PREA posters and brochures were reviewed and address the requirements of this standard. The policies state 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 facilities shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The PREA information references three victim advocate agencies, along with their toll free phone numbers, for residents to call for emotional support services related to sexual abuse, which includes confidential support services 24 hours a day, seven days a week. The auditor tested the phone numbers while on-site and found them to be working. Interviews with residents found most residents were aware of the confidential support services provided. The facility does not have a MOU with these agencies, but provided documentation showing attempts to enter into a MOU.

The review of policies, the PREA Education Manual for Residents, PREA posters and brochures, along with interviews of staff and residents, confirm Tundra Center is compliant with this standard.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, the GEO Website and PREA posters were reviewed and address the requirements of this standard. Policies establish a method to receive third-party reports of sexual abuse and sexual harassment and to distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of a resident. The GEO website outlines methods to report sexual abuse and sexual harassment on behalf of a resident. The GEO website also provides a number and mailing address. Posters on display at the facility provide the visitors, staff and residents third party reporting options. Interviews with residents demonstrated they knew how third-party reporting could be accomplished.

A review of policies, PREA posters, the GEO website, as well as interviews with staff and residents, confirm Tundra Center is compliant with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A, Tundra policy 2014-6, and the PREA training curriculum were reviewed and address the requirements of this standard. Policies require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Tundra Center does not house residents under the age of 18. There were no incidents involving vulnerable adults that required mandatory reporting per State Statutes. Interviews with staff verified they were aware they must immediately report to the facility's designated staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; and that they are prohibited from revealing information related to a sexual abuse report other than to people authorized to discuss the report.

A review of policies, documentation and the training curriculum and interviews with staff confirm Tundra Center is compliant with this standard.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A, Tundra policy 2014-6 and the training curriculum were reviewed and address the requirements of this standard. Policies and training require staff to take immediate action to protect any resident they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect a resident subject to risk of imminent sexual abuse. Security personnel immediately employ protection measures as the information is passed to the PREA Compliance Manager. Per interviews with the Facility Director, immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer. In a memo provided by the facility, no residents reported being at substantial risk of imminent sexual abuse, during the past twelve months.

A review of policies and the training curriculum and interviews with the Facility Director and staff confirm Tundra Center is compliant with this standard.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Tundra policy 2014-6 were reviewed and address the requirements of this standard. When an allegation is received that a resident was sexually abused while confined at another institution, the policies require the Facility Director to notify the Warden, where the alleged abuse occurred within 72 hours after receiving the allegation. The policies also require that all sexual abuse allegations reported by another institution regarding any resident that was confined at the Tundra Center be fully investigated. An interview with the Facility Director and investigator confirmed their knowledge of the policies and their responsibility to report and investigate any allegations that may have occurred at Tundra Center. The Director would forward an email to document the notification. There were no

allegations reported that a resident was sexually abused while confined at another institution in the past twelve months. Additionally, Tundra Center did not receive information from another facility that a resident alleged sexual abuse while housed at the Tundra Center in the past twelve months.

A review of policies and interviews with the Facility Director and Investigator confirm Tundra Center is compliant with this standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

GEO Policy 5.1.2-A, Tundra policy 2014-6 and the PREA training curriculum were reviewed and address the requirements of this standard. Policies outline procedures to respond to an allegation of sexual abuse for both security and non-security staff. There is a GEO Incident Checklist to be used when responding to sexual abuse or sexual harassment. Random interviews with security and non-security staff confirmed they were very knowledgeable about what to do upon learning a resident was sexually abused, to include separating the alleged victim and abuser and to preserving and protecting the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff would request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing their teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The Tundra Center did not have any instances in which all first responder duties had to be implemented, during the past twelve months.

A review of policies and the training curriculum and interviews with staff confirm Tundra Center is compliant with this standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A requires Tundra Center to develop a 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. The Tundra Center PREA Coordinated Response Plan was very comprehensive in describing required actions by security and specialized staff. Interviews with staff (first responders, investigators and institution leadership) and review of the PREA Checklists for Incidents of Sexual Abuse and Harassment and investigative file confirmed staff members were knowledgeable about the Response plan and the coordinated duties and collaborative responsibilities.

A review of policy and the Tundra Center PREA Coordinated Response Plan and interviews with staff confirm Tundra Center is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A, 5.1.2-E and Tundra policy 2014-6 were reviewed and address the requirements of this standard. GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any resident in a GEO facility or program pending the outcome of an investigation. The policies allow the facility to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation. Any "no contact" order shall be documented. Tundra Center does not have a collective bargaining unit.

A review of policies and an interview with the Facility Director confirm Tundra Center is compliant with this standard.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Tundra policy 2014-6 were reviewed and address the requirements of this standard. Policies state the Facility Director or assigned PREA Compliance Manager be designated to monitor for retaliation against staff or residents who reported or had been sexually abused/sexually harassed. The policies also state facilities shall provide multiple protection measures for residents or staff members who fear retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days, if the monitoring indicates a continuing need. The Facility Director was able to explain his role in preventing retaliation and what measures the facility takes to protect residents and staff from retaliation. The Facility Director provides weekly monitoring for up to 90 days and this monitoring can extend past 90 days, if additional monitoring is warranted. The auditor reviewed a sample of a monitoring log. Interviews with the Facility Director and Office Support Specialist indicated Tundra Center uses multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff members or resident abusers

from contact with the victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. A review of a previous year investigation indicated the resident abuser was immediately removed from the facility. Per the PAQ and interview with the Facility Director, there were no incidents of retaliation in the past twelve months.

A review of policies and monitoring log and interviews with the Facility Director and Office Support Specialist confirm Tundra Center is compliant with this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-E and the monthly and annual PREA Incident Tracking Log were reviewed and address the requirements of this standard. The policies require that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. Allegations are initially reviewed by the Tundra Center staff and promptly reports to the Client and the GEO Office of Professional Responsibility. Tundra Center currently does not have a staff member trained in PREA specialized investigations. GEO conducts its investigations using uniform evidence protocols. Administrative investigations of allegations received at the Tundra Center are performed by a GEO staff member that has been trained in PREA Specialized Investigations and assigned from the regional office in Anchorage. If the allegation involves potentially criminal conduct, it is referred to the Bethel Police Department. GEO's investigative policy is available on the GEO website.

There were no reported allegations of sexual abuse and/or sexual harassment, during the past twelve months. The auditor reviewed a previous year investigation conducted by a GEO investigator that was recently closed. The auditor found the investigation report included a description of the incident, the evidence collected and summaries of interviews. The finding of this inmate-on-inmate sexual harassment investigation was substantiated. There were no substantiated allegations that were referred for criminal prosecution.

The GEO investigator interviewed stated that they collect the appropriate direct and circumstantial evidence, review the video tapes, interviews the alleged victim, suspected perpetrators and witnesses. They also review prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis.

Polygraphs are not used in PREA investigations. The Investigator provided documentation of annual PREA training and the GEO specialized training for PREA investigators. This is a very extensive training program. When conducting administrative investigations, the investigators always decide whether actions on the part of staff members or their failure to act contributed to the abuse.

The departure of the alleged abuser or victim from the employment or control of the Tundra Center or agency shall not provide a basis for terminating an investigation. Per policy, GEO retains all written investigation reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A review of policy, the training curriculum and investigative file, as well as an interview with an Investigator confirm Tundra Center is compliant with this standard.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2.E was reviewed and addresses the requirement of this standard. Interviews with the Investigator and Facility Director found that the Tundra Center does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

A review of policy and interviews with the Facility Director and Investigator confirm Tundra Center is compliant with this standard.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2.E and Tundra Center policy 2014-6 were reviewed and address the requirements of this standard. The policies requires the facility at the conclusion of every investigation to 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 facility, 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 a resident, the facility shall inform the resident whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility. Additionally, all notifications will be documented.

A review of the investigation file revealed the victim had been released prior to the conclusion of the investigation and could not be notified. The auditor reviewed a sample notification form provided. All notifications are done using the GEO notification form and are signed by the resident acknowledging receipt of the document and are retained in the investigation file unless documented that the victim was released.

A review of policy, the investigative file and notification form and interview with the Facility Director confirm Tundra Center is compliant with this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2.E, Tundra Center policy 2014-6 and the GEO Employee Handbook were reviewed and address the requirements of this standard. Staff members 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. In the past twelve months, no staff members were terminated nor were there any instances requiring notification to a licensing body.

A review of policies and the GEO Employee Handbook and an interview with the Facility Director confirm Tundra Center is compliant with this standard.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A and 5.1.2.E were reviewed and address the requirements of this standard. Policies prohibit contractors or volunteers who engaged in sexual abuse to have contact with residents and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Facility Director reported

that there have been no allegations of sexual abuse by contractors or volunteers. Interviews with a volunteer confirmed they were aware the punishment for engaging in sexual abuse or sexual harassment of residents or staff.

A review of policies and interviews with the Facility Director and a volunteer confirm Tundra Center is compliant with this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions 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? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2.E and the Tundra Center Resident Handbook were reviewed and address the requirements of this standard. 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. The disciplinary process takes into consideration whether a resident's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months, there have been no substantiated findings or disciplinary sanctions for violations of sexual abuse. Tundra Center prohibits all sexual activity between residents and disciplines residents for such activity.

A review of policies and practices and an interview with the Facility Director confirm Tundra Center is compliant with this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse 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?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse 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? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A and Tundra Center policy 2014-6 were reviewed and address the requirements of this standard. Policies state 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; and 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. Tundra Center has no full or part time medical/mental health practitioners. All medical and mental health referrals are made to off-site providers. The services are provided at no cost to residents regardless of

whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic examinations are done for up to 72 hours from the time of the incident.

Staff members were aware victims of alleged sexual assaults are sent to an outside medical facility for services and a forensic examination by a SAFE/SANE, when necessary. There were no referrals which required emergency medical and mental health treatment and evaluation or a forensic examination in the past 12 months.

A review of policy and interviews with staff and a SANE provider confirm Tundra Center is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility 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? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policies 5.1.2-A and Tundra Center policy 2005-6 were reviewed and address the requirements of this standard. Policies and an interview with the Facility Director indicate Tundra Center offers medical and mental health evaluations and, as appropriate, follow-up services and treatment to all residents who have been victimized by sexual abuse. Tundra Center has agreements with community providers for medical and mental health services. Residents will be offered all lawful pregnancy-related medical services; prophylactic treatment and follow-up for sexually transmitted or other communicable diseases; counseling and testing; and will be referred to the mental health staff for crisis intervention as necessary. Mental health evaluations are conducted on all known resident-on-resident abusers within 60 days of learning of such abuse.

A review of policies and support documentation and interviews with the Facility Director and Case Managers confirm Tundra Center is compliant with this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A and Tundra policy 2014-6 were reviewed and address the requirements of this standard. Policies identify the minimum members of the review team and cover the process for sexual abuse incident reviews, to include the form the review team uses. The form 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.

The facility conducts a sexual abuse incident review at the conclusion of every investigation that was substantiated or unsubstantiated. The auditor reviewed a completed PREA After-Action Review Report from a prior period as there were no closed investigations in the past twelve months. The review occurs within 30 days of the conclusion of the investigation. The review team included the Facility Director with input from the Supervisor and Investigator. GEO has an excellent PREA after-action review form that addresses all elements of the standard. Incident review team members were interviewed and were very knowledgeable of the process.

A review of policies and the completed incident review form and interviews with the Facility Director and incident review team member confirm Tundra Center is compliant with this standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A, monthly and annual PREA Incident Tracking Log and The GEO Group Annual PREA Reports were reviewed and address the requirements of this standard. Policies require 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. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly and annual PREA Incident Tracking Reports and PREA Surveys to GEO headquarters. Per conversation with the PREA Coordinator, the data is aggregated. Upon request from DOJ, GEO provides the data. GEO does not contract its residents to other facilities (115. 87 (e)).

A review of policies, Tundra Center PREA Incident Tracking Log and GEO 2016 and 2017 Annual PREA Report, as well as an interview with the PREA Coordinator, confirm Tundra Center is compliant with this standard.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A and The GEO Group Annual PREA Reports were reviewed and address the requirements of this standard. The policies require 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. GEO prepares and publishes an annual report.

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 website 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 2016 and 2017 PREA annual reports, which include a comparison of current and previous year data; an assessment of the effectiveness of GEO's 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.

A review of policies, Annual PREA Report and the GEO Website, as well as an interview with the PREA Coordinator, confirm Tundra Center exceeds the requirement for this standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Policy 5.1.2-A and The GEO Group Annual PREA Report 2017 were reviewed and address the requirements of this standard. All sexual abuse data collected pursuant to these policies is maintained and properly stored and secured. Access to data is controlled. Aggregate data on all GEO facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website; only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 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.

A review of policies, 2017 Annual PREA Report and GEO Website, as well as an interview with the PREA Coordinator, confirm Tundra Center is compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO policy 5.1.2-A, was reviewed and meets the requirements of this standard. The policy states, during the three-year period starting on August 20, 2013 and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice. The GEO website has PREA audit reports posted for 112 facilities which are either the first or a recertification audit. This is the first PREA audit of the Tundra Center.

The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with residents and staff during the on-site audit. Notice of the PREA audit was posted on August 9, 2018. Interviews with residents confirmed they had seen the posting. No residents contacted the auditor prior to the audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Review of GEO's website at (<https://www.geogroup.com/PREA>) confirms that the agency ensures the auditor's final report is published on the agency's website. The GEO website has PREA audit reports posted for 112 facilities which are either the first or a recertification audit. The most recent audit report appearing on the website was completed on October 23, 2018, well within the 90-day requirement.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

David Andraska

11/09/2018

Auditor Signature

Date