

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    6/03/2020

### Auditor Information

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City, State, Zip:    Melrose, WI 54642-01915

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Date of Facility Visit:    9/30/2019 -10/1/2019

### Agency Information

Name of Agency:

Alaska Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Alaska

Physical Address:    550 West 7th Avenue  
Suite 1800

City, State, Zip:    Anchorage, AK 99501

Mailing Address:    PO Box 112000

City, State, Zip:    Juneau, AK 99811

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information:    <http://www.correct.state.ak.us/prisoner-rape-elimination-act>

### Agency Chief Executive Officer

Name:    Nancy Dahlstrom

Email:    nancy.dahlstrom@alaska.gov

Telephone:    907 761-7393

### Agency-Wide PREA Coordinator

Name:    Johnnie Wallace

Email:    johnnie.wallace@alaska.gov

Telephone:    907 761-5623

PREA Coordinator Reports to:

Deputy Director of Institutions

Number of Compliance Managers who report to the PREA Coordinator

15

## Facility Information

**Name of Facility:** Anvil Mountain Correctional Center

**Physical Address:** 1810 Center Creek Road

**City, State, Zip:** Nome, Alaska 99762

**Mailing Address (if different from above):**  
Box 730

**City, State, Zip:** Nome, AK 99762

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <http://www.correct.state.ak.us/prisoner-rape-elimination-act>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
None within the past 3 years

### Warden/Jail Administrator/Sheriff/Director

**Name:** Sandra Martinson, Correctional Superintendent II

**Email:** Sandra.martinson@alaska.gov

**Telephone:** 907 443-2241

### Facility PREA Compliance Manager

**Name:** Gail Smithhisler, COIV

**Email:** gail.smithhisler@alaska.gov

**Telephone:** 907 443-2241

**Facility Health Service Administrator**  N/A

**Name:** Mindy Lagonegro, Quality Assurance & Utilization Review Nurse

**Email:** michelle.lagonegro@alaska.gov

**Telephone:** 907 269-6516

### Facility Characteristics

Designated Facility Capacity:	132	
Current Population of Facility:	128	
Average daily population for the past 12 months:	132	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-61	
Average length of stay or time under supervision:	33 days	
Facility security levels/inmate custody levels:	Medium security/minimum, medium, closed, maximum	
Number of inmates admitted to facility during the past 12 months:	1,373	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	286	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	286	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	0 <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</b></p>	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input checked="" type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	40	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	5
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	17
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	61
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	61
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	4
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	8
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A	

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Anvil Mountain Correctional Center (AMCC) an Alaska Department of Corrections (AKDOC) facility was conducted on September 30 - October 1, 2019. This was the first Department of Justice (DOJ) PREA audit for this facility. A line of communication was developed between the State PREA Coordinator, Facility PREA Compliance Manager (PCM) and the auditor to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), compliance issues and logistics.

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 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 inmates and also reviewed the AKDOC website.

The audit began on Monday morning September 30, 2019 with an entrance meeting with the State PREA Coordinator, Superintendent, PREA Compliance Manager (PCM), Lieutenant, Training Sergeant, Administrative Officer and the auditor to discuss 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 inmates. Areas visited during the tour included the administration and main lobby, all inmate housing areas (including segregated housing), booking, food service, laundry, recreation, medical, visiting room and the control center. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; and tested the inmate phone system for reporting PREA allegations. PREA posters and notification of the PREA audit was observed posted throughout all areas accessible to inmates. The notification of the PREA audit visit was documented as posted on August 19, 2019. Photographs of the posted notice were provided to the auditor.

AMCC has 40 staff that may have contact with Inmates. The security staff is assigned to two 12 hours rotating shifts (6 am - 6 pm and 6 pm – 6 am). The auditor conducted interviews with security staff working on both shifts. A total of 23 facility and agency staff, including one contract staff and one volunteer were interviewed. This included 11 random staff and 12 specialized staff. In addition one investigator with the Alaska State Troopers was interviewed.

On the first day of the audit there were 128 adult offenders (8 females and 120 males) at the facility. The PCM provided an offender roster that included sex, date of birth, bed assignment and the target group offenders were highlighted. 20 offenders (3 females and 17 males) were interviewed. One offender refused to be interviewed. There were ten offenders interviewed from the target group which included; five that reported sexual abuse/harassment, three with a cognitive disability, one that self-identified as gay or bi-sexual and one deaf offender. There were no other inmates from other target groups at the facility. No offenders contacted the auditor prior to the on-site audit. Overall offenders interviewed stated they felt safe and demonstrated a basic understanding of PREA and reporting options.

There were eight allegations of inmate on inmate sexual harassment reported in the past 12 months. All allegations were investigated thoroughly and one investigation remains open.

The auditor examined a random sample of personnel files and staff, contractor and volunteer 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. Background check documentation was randomly reviewed. Training records were reviewed and included written documentation that staff, contractors and volunteers received the required PREA training. The auditor reviewed a random sample of inmate case files indicating PREA education as well as documentation of initial risk screenings

## Facility Characteristics

AMCC is located at 1810 Center Creek Road in Nome, Alaska. AMCC is a regional facility for sentenced and unsentenced adult felons and misdemeanants, both male and female. It provides Nome, Kotzebue, and surrounding region with pre-trial and short-term sentenced incarceration. The state prison system in Alaska, is comprised of both pre-trial booking and incarceration for sentenced prisoners, is a unified system run by the AKDOC. AMCC offers a variety of education, life skills and reentry programs. AMCC opened in November of 1985, replacing the old Territorial Jail located in the Federal Building that was opened in 1938.

AMCC houses inmates ranging from minimum to maximum custody levels. This correctional institution has a comprehensive listings of programs for inmates. Inmates who are incarcerated at AMCC can participate in a wide array of education programs. They can earn a GED while incarcerated, can learn the basics of computers and typing, as well as many vocational studies like heater maintenance and repair, classes to prepare for the commercial driver's license test, first aid, marine survival courses and much more.

## Summary of Audit Findings

Upon completion of the on-site visit, an exit briefing was held to discuss the audit observations and findings. This briefing was held in the conference room with the State PREA Coordinator, Superintendent, PCM, Lieutenant, Administrative Officer and the Probation Officer III. The facility staff was found to be cooperative and professional. Overall, the facility was quiet and clean and the observed staff/inmate relationships were determined to be good. The auditor discussed the report process and indicated a corrective action plan would be required.

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:**

### Standards Met

**Number of Standards Met:** 44

### Standards Not Met

**Number of Standards Not Met:** 1

**List of Standards Not Met:** 115.88

The Interim PREA Audit Report, dated November 13, 2019 indicated that 12 Standards (115.11, 115.12, 115.13, 115.33, 115.35, 115.41, 115.52, 115.53, 115.65, 115.81, 115.87 and 115.88) were non-compliant. Therefore, a required corrective action period not to exceed 180 days began. The Auditor recommended corrective action for the facility which they agreed to and began immediate corrections of the Standard found to be in noncompliance. The Auditor reviewed all the submitted documentation to determine if full compliance was achieved. A summary of the evidentiary basis for determining full compliance is discussed within the standard that was originally non-compliant. As a result of successful corrective action, 11 additional standards were determined to be in full compliance. One standard remains as non-compliant.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (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

#### 115.11 (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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Organizational Chart and AMCC Organizational Chart
3. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised 10/17/2019)
4. AKDOC Policy and Procedure 809.02- Prohibited Conduct and Penalties
5. AKDOC website
6. Observation while on-site
7. Interviews with the following:
  - a. PREA Coordinator
  - b. PCM
  - c. Random staff
  - d. Random Inmates

AKDOC has a policy that clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for staff found to have participated in these prohibited behaviors. AKDOC P&P 809.02 is where sanctions for inmates are located. The agency's zero-tolerance policy is also posted on its website.

The AKDOC had drafted a revision for Policy and Procedure #808.19 which improves and enhances the original version and outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and meets the requirement of this standard. The revised policy was signed on 10/17/2019 and has been implemented.

115.11(b) The AKDOC employs a full-time agency-wide PREA Coordinator who reports to the Deputy Director of Institutions. This individual is responsible for oversight of the development, implementation and maintenance of all PREA-related strategies throughout the department. An organizational chart was provided showing the PREA Coordinators position within the department. The PREA Coordinator who is also the Criminal Justice Planner for the agency. He is knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. The PREA Coordinator stated he has sufficient time to complete his duties; he has not been able to successfully implement all aspects of PREA compliance in the current structure.

115.11(c) AMCC has designated the Records/Compliance Sergeant as the PREA Compliance Manager (PCM). The Records/Compliance Sergeant reports to the PREA Coordinator, Lieutenant, and Superintendent for any issues regarding PREA. She would benefit with additional training and support. A statewide training for all PCMs is highly recommended.

**Corrective Action Plan:**

The Agency PREA Coordinator needs to make frequent facility visits and quality assurance checks along with regular staff interaction and PREA educational and informational discussions to support continuous and routine PREA implementation. AKDOC leadership needs to make PREA a priority and provide appropriate resources and support.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation during the corrective action period to evidence and demonstrate corrective action taken by AKDOC and the Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Memo from State PREA Coordinator dated 10/22/2019 regarding policy implementation.
2. Revised Policy & Procedure 808.19- Sexual Abuse/Sexual Assault and Reporting
3. Schedule from the State PREA Coordinator regarding site visits and PCM training

The AKDOC revised its PREA Policy and Procedure 808.19 which has been finalized on October 17, 2019 and is now implemented. The Policy addresses the zero-tolerance policy toward all forms of sexual abuse and sexual harassment and outlines its approach to preventing detecting and responding to such conduct. The State PREA Coordinator provided documentation that the 2019 and 2020 monthly PCM meeting that were held via tele-conference included a short training regarding PREA related issues in order to increase PCM's knowledge base. The State PREA Coordinator has developed a 2020 travel plan for all AKDOC facilities which will enable the verification that policies and practices are being implemented within the AKDOC's facilities. During each scheduled PREA visit, a one-day training will occur at each facility for the PCM and any alternates. This one-day training is an intensive review of PREA policies & practices as well as the federal standards. This Standard is now fully compliant.

**Standard 115.12: Contracting with other entities for the confinement of inmates****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.)  Yes  No  NA

**115.12 (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 inmates.)  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
3. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
4. AKDOC contracts with local jails and Community Resource Centers
5. Interviews with the following:
  - a. PREA Coordinator

The AKDOC has entered into 20 contracts for the confinement of inmates. 15 of these contracts are with local city jails and 5 of these contracts are for the confinement of inmates in Community Resource Centers. All of these contracts require the contracted facility to comply with the requirements of the Prison Rape Elimination Act. AMCC does not contract nor have any offenders confined with contract entities.

The AKDOC monitors for compliance with the contract language requiring a contracted facility to comply with the PREA standards by accomplishing annual audits which are done in conjunction with jail standards. Furthermore, the contract language requires the following: "In order to maintain quality services and ensure contract compliance, contact and communication between the Division of Institution and the Contractor is essential. In addition to reviewing required reports from contractors, the department will conduct annual inspections..." The annual audit of jails does not comply with PREA standards as certified PREA audits were not conducted. The Community Resource Centers were audited once every three years and certified PREA audits were issued.

The AKDOC monitors for compliance by utilizing a data base to track PREA cases that occur from contracted facilities. Communication occurs between contracted facilities for compliance factors and monitoring along with tracking of investigation and case progression.

### **Corrective Action Plan:**

Per PREA standards, during the prior three-year audit period ensure that each facility operated by the agency, or by a private organization or other entities including other government agencies on behalf of the agency, was audited at least once.

### **Verification of Corrective Action since the on-site Audit:**

Per discussion with the State PREA Coordinator, he is actively working with the local city jails to meet the contract requirement of fully complying with the requirements of the Prison Rape Elimination Act which would include a PREA audit being completed. He is aware these contracted facilities have until 8/2022 to be in full compliance or AKDOC can't contract with them. This Standard is now compliant.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  
 Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (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

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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*)

### Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AMCC Organizational Chart
3. AKDOC Policy & Procedure 80919-Sexual Abuse/Sexual Assault and Reporting
4. AKDOC Policy and Procedure #102.04 Institutional Staff Meeting
5. AMCC Annual Staffing Plan

6. AMCC Shift Duty roster
7. AMCC Shift Supervisor's Report
8. AKDOC Restricted Policy and Procedure 1208.04 and Interim Memorandum
9. PREA Unannounced Inspection Log
10. Observation while on-site
11. Interviews with the following:
  - a. PREA Coordinator
  - b. Superintendent
  - c. PCM
  - c. Random staff
  - d. Inmates

115.13 (a) The AKDOC Policy and Procedure #102.04 Institutional Staff Meeting which address the components of section 115.13 (a) was signed on 9/7/2018. The facility implemented the policy and a staffing plan was completed. Policy establishes procedures to develop and monitor staffing plans and uses 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 inmates may be isolated); composition of the inmate 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 average number of inmates the staffing plan was predicated on was 118 inmates. The average daily prisoner population during the last 12 months was 118 inmates. During the tour of the facility there was blind spot noted in the kitchen. A mirror or camera should be installed.

115.13 (b) AMCC security staffing is comprised of four crews for two 12 hour shifts. AMCC shift minimums are as follows:

Dayshift: 5 Officers  
Nightshift: 5 Officers

The Shift Supervisor's Report documents the number and location of all officers. This document is completed daily for night shift and day shift. The Facility does not fall below minimum staffing and utilizes overtime to fill positions.

The three most common reasons for deviating from staffing plan are:

1. Medical Transports
2. Staff Call Outs
3. Training

115.13 (c) AMCC completed a "once every year review" of its staffing plan in collaboration with the PREA Coordinator. The annual staffing plan review was conducted on August 14, 2019.

115.13 (d) Interim Policy and Procedure Memorandum (IPPM)-PREA Inspections dated 2/15/2017, and the Post Orders for Shift Supervisor were reviewed and address the requirement for this section. Intermediate-level or higher-level supervisors conduct and document unannounced PREA rounds to identify and deter staff sexual abuse and sexual harassment. The rounds are documented utilizing the PREA Unannounced Inspection Log which is attachment A of the IPPM. The logs were reviewed by the Auditor. Interviews with staff and inmates also confirmed that supervisors make rounds routinely. The facility implemented documenting PREA Unannounced Inspections on June 14, 2019 and Shift supervisors were completing and documenting PREA rounds weekly on both the day and night shift.

Post orders should also be revised to include this requirement. The facility does not have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

**Corrective Action Plan:** Revise Interim Policy and Procedure Memorandum (IPPM)-PREA Inspections to include language that meets the requirement of 115.13 (d) to prohibit staff from alerting other staff members that these supervisory rounds are occurring. Install an additional mirror or camera in the kitchen and provide documentation of the installation.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation to evidence and demonstrate corrective action taken by Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Photos of mirror in kitchen
2. Anvil Mountain Correctional Center Procedure regarding Unannounced Rounds

Anvil Mountain Correctional Center provided photos showing the corrective action taken to eliminate blind spots in the kitchen. A Mirror was installed in the Kitchen during the week of 3/16/2020. The facility provided an internal Standard Operating Procedure (SOP) prohibiting staff from alerting other staff members that supervisory unannounced rounds to identify and deter staff sexual abuse and sexual harassment are occurring. This Standard is now fully compliant.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. Observation while on-site
4. Interviews with the following:
  - a. PREA Coordinator
  - b. PCM
  - c. Superintendent

AMCC seldom receives youthful offenders. The youthful offender program is now located at Anchorage Correctional Complex. In the past 12 months AMCC had zero youthful inmates. It was reported that when youthful inmates were housed at the facility, they were directly supervised outside of the module with a staff escort. During classroom or program time the youthful offenders were directly supervised by staff. Youthful inmates are not placed in segregation or isolation in order to separate them from adult inmates. Youthful inmates were encouraged to participate in programming and available classes when possible. Exigent circumstances for each instance in which a youthful inmate is restricted from access to large-muscle exercise or programming are documented.

AMCC met the minimum requirements of this standard. It is recommended that the facility develops a standard operating procedure that meets the requirements of this standard in the event a youthful offender is placed at the facility.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

**115.15 (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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (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 inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (d)

- Does the facility have policies that enables inmates 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 have procedures that enables inmates 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 inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

## 115.15 (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 inmates 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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
3. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
4. AKDOC Policy & Procedures 1208.08 - Searches of Prisoners and Institutional Areas
5. Guidance in Cross-Gender and Transgender Pat Searches training curriculum
6. Observation while on-site
7. Interviews with the following:
  - a. PREA Coordinator
  - b. PCM
  - c. Random staff
  - d. Random Inmates

AKDOC Policies and training curriculum were reviewed and address the requirements of this standard.

Staff and inmate interviews and direct observation determined the facility does not conduct cross-gender strip or cross-gender visual body cavity searches. Per policy, “No cross-gender pat down searches may occur except when exigent circumstances exist. In such circumstances, the occurrence must be documented and should be video recorded. A second officer should also be present.”

AMCC houses both male and female inmates. Staff members are prohibited from and do not search transgender or intersex inmates to determine an inmates' genital status. The facility reported there were no cross gender strip searches or cross gender visual body cavity searches conducted in the past 12 months. Based on interviews with staff and inmates and personal observation, it was determined inmates are able to shower, perform bodily functions and change clothes without opposite gender non-medical staff observing their genitalia or buttocks, with the exception of camera views of toilets in certain segregation cells. AMCC has camera in its segregation cells, views of the toilets have been blocked out. All showers at this facility are designed for one inmate. Each shower has a PREA curtain to allow showering without staff viewing.

A general announcement is made during the morning meal that Staff of all genders will be working in the unit. The announcement is recorded in the unit log book. Members of the opposite gender who are not assigned to a housing unit announce their presence when entering a housing area. There were no transgender inmates at the facility at the time of the on-site audit.

The review of policies, training curriculum, observation while onsite, as well as staff and inmate interviews demonstrated AMCC is compliant with this standard.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

### 115.16 (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 inmates 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

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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*)

### Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy and Procedure 811.08 Prisoner Orientation
3. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
4. Observation while on-site
5. Interviews with the following:

- a. PREA Coordinator
- b. PCM
- c. Random staff
- d. Inmates

AKDOC policies and procedures were reviewed and address the requirements of this standard. The policies ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs. The AKDOC policies require that inmates with disabilities be provided with alternative ways for reporting incidents of sexual abuse, harassment and retaliation. Furthermore, policy requires that inmate education be available in alternative formats so that disabled inmates can benefit from the education in regards to the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The policies address the requirement for translation/interpretation assistance for inmates undergoing intake.

Every AKDOC facility contracts individually with service providers that provide for interpreter services and language services. The companies which AKDOC does contract with are CTS Language Link, Inc. Linguistica International and Voiance Language Services. AMCC has a contract for interpreter and language services. Staff reported they rarely encounter an inmate that doesn't speak English and was aware of the process and resources available if interpretation is required.

PREA posters are available throughout the facility for inmates, staff and visitors. Per memo and staff interviews, inmates are not used as interpreters, when addressing sexual abuse and sexual harassment allegations. Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmates to understand the PREA zero tolerance policy, related material and how to report allegations of sexual abuse or sexual harassment. One deaf inmate was interviewed and reported no issues. There were no inmates that were Limited English Proficient (LEP) at the facility during the on-site audit.

The review of policies, PREA brochures and posters, resources available and supporting documentation, as well as staff and inmate interviews demonstrated AMCC is compliant with this standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, 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

#### 115.17 (d)

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

#### 115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

#### 115.17 (g)

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

#### 115.17 (h)

- 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 202.10 – Identification Badge and Authority
3. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised 10/17/2019)
4. AKDOC Policy & Procedure 202.12 – Employee Background Investigation
5. AKDOC Policy & Procedure 202.14 – Alaska Police Standards Employee Background Investigation
6. AKDOC Policy & Procedure 819.01 - Program Volunteer Services
7. AKDOC Policy & Procedure 809.10 – Citizen Involvement and Volunteers
8. Observation while on-site
9. Interviews with the following:
  - a. PREA Coordinator
  - b. PCM
  - c. Superintendent
  - d. Administrative Officer

- e. Training Officer
- f. Agency HR Manager

115.17 (a) The revised AKDOC Policy & Procedure 808.19 address the requirements this subsection. AKDOC prohibits hiring or promoting anyone who may have contact with inmate and prohibits enlisting the services of any contractor who may have contact with inmates who:

- 1) Has engage in sexual abuse in a prison, jail locks community confinement facility, juvenile facility or other institutions
- 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt of implied threats or force or coercion or if the victim did not consent or was unable to consent or refuse
- 3) Has been civilly or administratively adjudicated to have engaged in the activity describe in the above paragraph.

The AKDOC Human Resources specialists conduct a background investigation which meets the requirements. Human Resources specialists issue a background checklist to any agency that an applicant reports prior employment with relating to a prison, jail, lockup, community confinement facility or juvenile facility. An applicant that doesn't meet the requirements shall not be considered for hire or for promotion. A Human Resources Specialist will conduct a background check of all applicants to ensure that no convictions or attempts to engage in sexual activity in the community facilitated by force, overt or implied threats of force or correction or if the victim did not consent or was unable to consent or refuse. As part of the background check, the applicant is entered into the Court View system to ensure that no civil adjudications have occurred for any of the conditions in paragraph 115.17 (a). 2. A screen shot of the Courtview system has been provided. An applicant that doesn't meet the requirements shall not be considered for hire or for promotion.

115.17 (b) The revised AKDOC Policy & Procedure 808.19 address the requirements this subsection. AKDOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor.

115.17 (c) The AKDOC policy requires a background check of all employees who may have contact with inmates. The human resources personnel will address with any prior institutional employment, requests for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. For prior employment within the State of Alaska these requests are transferred to the AKDOC PREA Coordinator for research. For out of state institutional employment, the requests are sent to the most direct institution that the employee has reported working at. With other institutions such as Juvenile Justice within the State of Alaska these requests are forwarded to the PREA Coordinator with the Division of Juvenile Justice for response.

115.17 (d) The AKDOC policy requires a background check of all employees/volunteers or contractors utilizing an application for identification card form (202.10A) and in the cases of volunteers and contracts an additional form 819.01A is utilized. Both forms require a background check of the Alaska Public Safety Information Network (APSIN) and the National Crime Information Center (NCIC).

115.17 (e) The AKDOC P&P 202.10 requires a background check of all employees/volunteers or contractors every five years. This system is in conjunction with our Identification Bade issuance, which is also required for entry into a facility.

115.17 (f) The AKDOC utilizes an on-line application system for employees. Applicants complete a PREA disclosure form and are asked about previous misconduct.



115.17 (g) The AKDOC P&P 202.14 states that an applicant who omits or misrepresent material information or information that reasonably can be considered detrimental to the applicant's interest in obtaining employment will be disqualified.

AMCC reported everyone who is hired has a background check completed. Every contractor and volunteer has a background check completed before they are allowed to work in the facility. In the last 12 months the facility reported 61 contractors and 52 volunteers had background checks completed. Five year background checks are completed for all staff. The auditor randomly sampled documentation of 5 year background checks.

The review of policies and supporting documentation, as well as interviews with the PREA Coordinator, Agency HR Manager, Superintendent, PCM, Administrative Officer and Training Officer demonstrated AMCC is compliant with this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (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 inmates 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

#### 115.18 (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 inmates 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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. Memos from the PCM dated August 22, 2019
3. Observation while on-site
4. Interviews with the following:
  - a. Superintendent
  - b. PCM

Since 2014 this institution made modifications to the facility with the intent to protect inmates from sexual abuse. In 2019 the facility relocated the Security Sergeant's office to a location in the building that provides better monitoring of inmate visitation, attorney room, medical, gym, corridor, and polycom viewing. Also, in 2019 an upgrade was made to the Securus telephone system for inmate visiting and segregation telephones to help record and better monitor inmate conversations.

The facility takes into consideration how technology can help us in stopping inmate sexual abuse at this institution. In January 2014 the antiquated and obsolete DVR camera system was replaced with a Milestone camera system. The Milestone camera system provided better recording, larger storage capacity and provided workstations for the Security Sergeant, Shift Sergeant in Booking, Lieutenant, and Superintendent to conduct camera reviews. Also, in January 2014 the cameras in the four intake cells in segregation and in the Booking sally port were updated. This modification improved the quality, provided better coverage and allows for audio recording of those locations. In June 2014 the cameras in the segregation yard were updated. This modification added additional surveillance coverage and better performance for exterior camera view for the recreation yard. In 2019 the camera monitoring system in the inmate dayrooms were updated. This modification improved the quality and provided better coverage of the inmate dayrooms.

The facility is in compliance with this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (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

#### 115.21 (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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary 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

#### 115.21 (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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20 Prison Rape Elimination Act (PREA) Investigations
4. AKDOC Policy & Procedure 807.08 Informed Consent and Refusal of Treatment
5. PREA Crime Scene Checklist
6. Chapter 236, AST Sexual Assault Protocol
7. Special Incident Report
8. Interviews with the following:
  - a. PREA Coordinator
  - b. Superintendent
  - c. PCM

The AKDOC is responsible for conducting administrative investigations regarding sexual abuse. During a sexual abuse investigation, first responders are trained in protocol developed from the National Protocol for Sexual Assault Medical Forensic Examinations, developed by the U.S. Department of Justice. The AKDOC evidence protocol is appropriate for youth. The Department of Justice evidence protocol recommends that adolescents receive considerations when receiving a sexual assault exam appropriate for their age or level of advancement physiologically. The protocol recommends informed consent and for parents or guardians to be informed and allowed to be present during an exam.

The Alaska State Troopers (AST) are responsible for conducting criminal allegations of sexual abuse and AST sexual assault protocol is followed. Although the current MOU with AST doesn't specifically request that AST comply with all the requirements of 115.21 a-e, a review of Chapter 236, AST Sexual Assault Protocol meets the requirement. AST is responsible for investigating any unclassified or Class A felonies. This relates to the Alaska offense of Sexual Assault in the First Degree. All other offenses,

fall under the investigative authority of the AKDOC. The AKDOC has the responsibility of the Alaska offenses of Sexual Assault in the Second through Fourth Degree. There were no Sane/Safe exams conducted during the past 12 months.

Standing Together Against Rape (STAR) has been contacted and will provide services but indicated they were not able to sign a MOU. STAR is the primary responder with the AST for all investigations of sexual assault. AST will also utilize other local victim advocates based on the location of the incident. The primary local victim advocate would be provided by Norton Sound Health Corporations Behavior Health Services Department.

The review of policies, AST Sexual Assault Protocol, supporting documentation and interviews with the PREA Coordinator, Superintendent, Investigator and PCM demonstrated AMCC is compliant with this standard.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (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

#### **115.22 (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

#### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### **115.22 (d)**

- Auditor is not required to audit this provision.

## 115.22 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20 Prison Rape Elimination Act (PREA) Investigations
4. AKDOC website
5. Screen shot of PREA data base
6. Completed Special Incident Report
7. AMCC PREA tracking log
8. Interviews with the following:
  - a. PREA Coordinator
  - b. Superintendent
  - c. PCM
  - d. Random staff

The AKDOC ensures that all PREA reports receive an administrative or criminal investigation and they are completed for allegations of sexual abuse or sexual harassment. Every PREA allegation is vetted by the State PREA coordinator for case assignment. The AKDOC P&P 808.19 requires all cases involving sexual abuse or staff sexual misconduct to be referred to the Alaska State Troopers (AST) for investigation. In addition, AKDOC P&P 808.20 PREA requires that all cases involving sexual abuse that rise to the definitions of Alaska law under Sexual Assault I-IV, shall be referred immediately to AST for investigation.

Documentation of all referral of allegation of sexual abuse or sexual harassment for criminal investigations is accomplished on completed Special Incident Reports and within the PREA data base. During the past 12 months, AMCC received eight allegations of sexual harassment. Zero allegations were referred for criminal investigation.

The AKDOC publicizes its all of their public policies on the following web site: <http://www.correct.state.ak.us/>. PREA policies can be found as a quick link under the Prison Rape Elimination Act Information quick link on the home page. The PREA information tab has a quick link under policies that links the PDF file of the policies which address the referral of allegations of sexual abuse.

The review of policies, AKDOC website, supporting documentation and interviews with the PREA Coordinator, Superintendent, Investigator and PCM demonstrated AMCC is compliant with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

**115.31 (c)**

- Have all current employees who may have contact with inmates 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

**115.31 (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*)

**Evidence Reviewed (documents, interviews, site review):**

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 201.09 Prohibition of Sexual Harassment
4. AKDOC Policy & Procedure 202.15 Standards of Conduct
5. PREA Lesson Plan
6. PREA training roster
7. PREA training acknowledgments
8. Interviews with the following:
  - a. PCM
  - b. Training Officer
  - c. Random staff

AKDOC policies and the PREA lesson plan were reviewed and address the requirements of this standard. All staff may come in contact with inmates and are required to be trained. The training addresses all of the topics identified in this standard. AMCC houses both male and female inmates and



the training is tailored for all inmates. All new employees attend PREA training as part of their orientation. PREA refresher training is provided annually. Employees are provided email up-dates on PREA information as they become available and mandatory policy review and acknowledgement is provided annually to all employees on sexual abuse/ sexual assault reporting and sexual harassment. Staff sign a training attendance roster indicating they received the PREA training.

The training on PREA requirements was conducted through Learn Alaska with an online interactive video module and test. As of June 30th, 2018 the DOC no longer has a contract with Learn Alaska. The DOC retains the training material which is utilized with an instructor until another online interactive training program contract can be established. At AMCC the training sergeant provides a two hour training session that includes a lecture with Power Point, DVD, and handout. Interviews with staff indicated they received PREA training and were well versed in the material presented. Per interview with the training sergeant, all training is documented and training records are maintained. The auditor randomly reviewed training rosters and staff acknowledgement forms.

Compliance with this standard was determined by of policies, training curriculums, supporting documentation and interviews with the training officer and random staff..

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)?  Yes  No

#### 115.32 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 202.15 Standards of Conduct
4. AMCC Orientation
5. AMCC Volunteer and Contractor Orientation acknowledgement form
6. PREA Lesson Plan
7. PREA training roster
8. Interviews with the following:
  - a. PCM
  - b. Training Officer
  - c. Contractor
  - d. Volunteer

AKDOC P&P 808.19 and the Volunteer PREA training lesson plan were reviewed and address the requirements of this standard. Contractors and volunteers that have direct contact with inmates are provided an orientation and sign the “AMCC Institutional Orientation for Contractor/Volunteer/Contract Staff” form. Part of this form includes information on the Departments zero tolerance policy and talks about their responsibility regarding PREA. In the past 12 months 61 contractors and volunteers received this information. The form is signed by contractors and volunteers and includes the following statements: “I have read, understood and agree to the above rules. I also acknowledge that I have been informed of my Prison Rape Elimination Act Responsibilities. The training department keeps these records. The review of volunteer and contractor orientation form and other documents by the auditor confirmed that all facility contractors and volunteers have received initial training related to their responsibilities concerning PREA. A review of the PREA contractor and volunteer PREA training curriculums plan confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility’s zero-tolerance and reporting policies. Contractors who just work on temporary projects are not trained on PREA as they are always under staff supervision. Interviews with contractors and volunteers indicated they were aware of their responsibilities and how to report sexual abuse and sexual harassment.

Compliance with this standard was determined by of policies, training curriculums, supporting documentation and interviews with a contractor and a volunteer.

## Standard 115.33: Inmate education

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

### 115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

**115.33 (c)**

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

**115.33 (e)**

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

**115.33 (f)**

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate 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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AMCC Prisoner Handbook
4. PREA tri-fold flyers
5. PREA posters
6. Inmate orientation acknowledgements
7. Observation while on-site
8. Interviews with the following:
  - a. PCM
  - b. Intake Staff
  - c. Probation Officers
  - d. Random Inmates

AKDOC P&P 808.19, the Prisoner Handbook and PREA tri-fold Flyer were reviewed and address the requirements of the standard. The information identifies the key elements of the program and informs inmates of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment.

AMCC was in the process of implementing a procedure to ensure all inmates receive PREA information at intake and were developing an acknowledgement form for inmates to sign. Every new prisoner that comes into AMCC receives education, both by video and in person from the Probation Officers. In the last year we had 483 prisoners acknowledged this training and watched the video. PREA posters are available in the booking area and all housing units. Inmates are also provided with a handbook.

**Corrective Action Plan:** Provide a minimum of 60 days of documentation that during intake; all inmates receive the PREA flyer that contains information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The documentation should include the inmate signature and date.

### **Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation during the corrective action period to evidence and demonstrate corrective action taken by Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

### **Additional Documentation Reviewed:**

1. Memo from PCM describing the revised intake process
2. Signed PREA Intake Acknowledgement forms

Anvil Mountain Correctional Center documented the practice of providing PREA information during intake. The inmates sign that they received and understood information on reporting and the zero tolerance policy on the day of arrival. The facility provided 60 days of documentation. This Standard is now fully compliant.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)  Yes  No  NA

#### 115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).)  Yes  No  NA

#### 115.34 (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 115.21(a).)  Yes  No  NA

#### 115.34 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.20 -Sexual Abuse/Sexual Assault and Reporting
3. NIC Investigating Sexual Abuse in a Confinement Setting lesson plan
4. NIC Training Certificates
5. Interviews with the following:
  - a. PCM
  - b. Lieutenant

AKDOC P&P 808.20 and the DOJ NIC PREA investigator training lesson plan were reviewed and address the requirements of this standard. The facility has 5 staff that completed the NIC PREA investigator training. The auditor reviewed the specialized training certificate for Investigating Sexual Abuse in a Confinement Setting and training records. A lieutenant usually conducts the administrative investigations. The Alaska State Troopers are responsible for conducting criminal allegations of sexual abuse.

Two facility PREA investigators and an Alaska State Trooper were interviewed and were knowledgeable of the investigation process and stated they received both the general and specialized training.

Compliance with this standard was determined by a review of policy, training lesson plan and Interviews with the investigators.

## Standard 115.35: Specialized training: Medical and mental health care

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

### 115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (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 or the agency does not employ medical staff.)  Yes  No  NA

#### 115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised)
3. Interviews with the following:
  - a. PCM
  - b. Medical staff

The revised Policy 808.19 addresses specialized PREA training for medical staff. The State PREA Coordinator recently updated the PREA training lesson plan to include the specialized training requirements for medical and mental health staff. All medical and mental health personnel at AMCC have not been trained utilizing the updated PREA lesson plan.

Medical staff at AMCC do not conduct forensic medical exams. The prisoner will either be taken to a place with forensic nurses or a forensic nurse will be brought in to conduct the exam.

**Corrective Action Plan:** Train all medical and mental health staff utilizing the update PREA lesson plan. This includes AKDOC traveling medical staff. Provide documentation that the training was completed.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation on May 5, 2020 to evidence and demonstrate corrective action taken by AKDOC and the Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Revised Policy 808.19- Sexual Abuse/Sexual Assault and Reporting
2. PREA Lesson Plan which includes specialized training for Medical and Mental Health staff
3. Roster indicating medical and mental health staff completed training

The revised Policy 808.19 addresses specialized PREA training for medical staff. The State PREA Coordinator recently updated the PREA training lesson plan to include the specialized training requirements for medical and mental health staff. All medical and mental health personnel Including AKDOC traveling staff working at Anvil Mountain Correctional Center has been trained utilizing the updated PREA lesson plan. This Standard is now fully compliant.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)



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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates 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

#### 115.41 (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 inmate's detriment by staff or other inmates?  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. PREA Risk Assessment form
4. Observation while on-site
5. Interviews with the following:
  - a. PCM
  - b. Medical Staff
  - c. Probation Officers
  - d. Random Inmates

AKDOC P&P 808.19 and the PREA screening form were reviewed and address the requirements of this standard. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during the in-processing procedures. The facility utilizes a standardized PREA Intake Objective Screening Form. The review of the screening documents by the auditor confirmed that the facility considers all the criteria required by this standard to identify inmates at a high risk for sexual victimization or at a high risk of sexually abusing other inmates. A medical staff will ask PREA related questions at booking. The in house Probation Officer will complete a PREA risk assessment of every intake in the institution by the next business day. The facility reported that during the past 12 months, 271 inmates were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

The facility was not completing 30 day reassessments as required per this standard as this requirement was not included in the previous version of the policy. The revised policy was signed on 10/17/2019 and has been implemented. The policy now states in section IV (F). Screening: "The PREA Risk Assessment shall be re-completed within 30 days of the prisoner's arrival at the institution. The institution shall reassess the prisoner's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening. This shall be done via an interview of the prisoner utilizing the PREA Risk Assessment module in the DOC offender management system or the DOC form 808.19A (PREA Risk Assessment),

Prisoners are not punished for refusing to answer questions on the PREA risk assessment. This is not in the current policy; however it is in a proposed update to that policy.

**Corrective Action Plan:** Implement revised policy 808.19 and ensure all prisoners are reassessed within 30 days of intake. Provide documentation for a 60 day period showing that all inmates have been reassessed.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation during the corrective action period to evidence and demonstrate corrective action taken by Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Inmate booking for a 60 day period
2. Completed 30 day reassessment forms

The facility provided a list of all booking for a 60 day period. The auditor randomly selected inmates from the list and requested copies of the 30 day reassessments. The facility provided copies of 15 records indicating the 30 day reassessment were being completed. This standard is now fully compliant.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation during the corrective action period to evidence and demonstrate corrective action taken by Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Inmate booking for a 60 day period
2. Completed 30 day reassessment forms

The facility provided a list of all booking for a 60 day period. The auditor randomly selected inmates from the list and requested copies of the 30 day reassessments. The facility provided copies of 15 records indicating the 30 day reassessment were being completed. This standard is now fully compliant.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate'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

#### 115.42 (f)

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

#### 115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AMCC Housing Unit roster
4. Individualized Determination of Restrictions form
5. Observation while on-site
6. Interviews with the following:
  - a. Superintendent
  - b. PCM
  - c. Probation Officers
  - d. Random Inmates

AKDOC P&P 809.9 was reviewed and addresses the requirements of this standard. Risk screening information is used to determine housing assignments, with the goal of keeping separate those inmates at a high risk of being sexually victimized from those at a high risk of being sexually abusive. Institutional probation officers consider the PREA Risk Assessment Form results when making

placement assignments. At AMCC a prisoner would have a caution added to our prisoner database (ACOMS) if they were scored as being a potential victim or a potential aggressor. This would also show up in our facility roster reports generated from the prisoner database. A plus sign before the prisoner's name would signify a potential aggressor, while a minus sign would signify a potential victim. A plus and a minus cannot be housed in the same cell with each other. However, a prisoner without a plus or minus sign can be housed with either one. These assignments are made on a case-by-case basis.

The agency decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. The facility utilizes a PREA Special Needs form to document individual determinations. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. At AMCC the PCM will meet with any transgender individual if they are having problems. As part of this meeting a PREA special needs identification form will be initiated. This will list some of the special requirements that the prisoner needs. This form will get signed by the prisoner and the Superintendent. The prisoner will receive a copy and another copy will go with the prisoner's management card. Transgender and intersex inmates are given the opportunity to shower separately from other inmates and the inmate's own views with respect to their safety are given serious consideration. There were no transgender or intersex inmates at the facility in the past 12 months.

Compliance with this standard was determined by a review of the policy, procedures and supporting documentation and interviews with the probation officer and PCM.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  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*)



Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy and Procedure 804.01 Administrative Segregation
4. Observation while on-site
5. Interviews with the following:
  - a. Superintendent
  - b. PCM

AKDOC Policies and Procedures were reviewed and address the requirements of this standard. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. If an inmate was placed in administrative confinement reviews would be completed at a minimum of every 30 days. The facility has not placed an inmate at risk of sexual victimization in involuntary segregated housing in the past 12 months.

If involuntary placement in Segregation is made, the policy states “Segregated inmates must be afforded rights and privileges consistent with the security risks inherent in the reasons and justifications for the segregation. Access to visitation, mail, telephone, recreation, law library, and programs can be restricted only if an individualized determination is made that an inmate’s participation threatens the order and security of the facility.” Interviews with segregation staff confirmed, that to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed for the purposes of protective custody, except when there are safety or security concerns.

Compliance with this standard was determined by a review of policies and supporting documentation and interviews with the Superintendent and PCM confirms the facility’s compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  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*)

#### Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 811.08 Prisoner Orientation
4. AKDOC Policy & Procedure 809.01 Prisoner Handbook
5. MOU with Ombudsman
6. PREA Training lesson plan
7. Observation while on-site
8. Interviews with the following:
  - a. Superintendent
  - b. PCM
  - c. Random staff

#### d. Random Inmates

AKDOC Policies and Procedures and the Prisoner Handbook were reviewed and address the requirements of this standard. Policy 808.19 requires that inmates be provided with information on how to report during orientation and by notices in the living units. Policy 811.08 requires Inmate Orientation to include how to report sexual abuse/sexual harassment and retaliation. Policy 809.01 Prisoner Handbook requires the facilities to provide inmate handbooks in the living units and the law library that inform inmates on how to report, how to avoid being a victim and what constitutes sexual abuse and sexual harassment. PREA posters informing inmates of the internal and external ways to report incidents of sexual abuse and sexual harassment, retaliation and staff neglect or violation of responsibility's related to sexual abuse and sexual harassment are posted throughout the facility. A PREA Inmate flyer is provided which also details reporting options.

There is a PREA confidential hotline number that anyone can call to report a potential PREA issue. This information is available on all the posters that are posted in all the housing units and the lobbies of both buildings. The AKDOC recently enter into an MOU with the Alaska State Ombudsman's office to act as an outside reporting agency. Inmates are informed of the outside reporting agency during inmate education, inmate handbooks and PREA posters. The Ombudsman reporting form is available in the law library.

Policy 808.19 requires that all inmates who are booked solely for civil immigration purposes be provided information on how to contact their relevant consular officials and relevant officials of the Department of Homeland Security.

Policies requires all Department personnel, contractors and volunteers who receive information concerning prisoner sexual victimization or if having a reasonable belief that a prisoner is a victim of sexual victimization to immediately report the information or incident directly to the most appropriate supervisory staff. Supervisory staff has the responsibility of reporting this to the shift supervisor as soon as possible. The shift supervisor has the responsibility of ensuring incident reports are completed and special incident reporting.

AKDOC training informs staff that they have mandatory reporting responsibilities. This requires them to immediately report any information they receive or have a reasonable belief that has occurred to the most appropriate supervisory staff. The information concerning sexual victimization can be verbal, in writing, anonymously or from third parties. Once any information is received no matter the means of receiving it, the staff has the immediate responsibility to report.

When the most appropriate supervisory staff is the alleged aggressor, staff training relates that the staff member may utilize a different supervisor to report the alleged sexual victimization. Furthermore, the staff member may utilize the PREA hotline or the PREA email to report. This information is also provided in a pamphlet for staff, contractors and volunteers.

Compliance with this standard was determined by a review of the policies, procedures, MOU, PREA training lesson plan and supporting documentation and interviews with the Superintendent, PCM, staff and inmates.

## **Standard 115.52: Exhaustion of administrative remedies**

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

### 115.52 (a)

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

### 115.52 (b)

- Does the agency permit inmates 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 an inmate 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

### 115.52 (c)

- Does the agency ensure that: An inmate 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

### 115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19- Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20- Prison Rape Elimination Act (PREA) Investigations
4. AKDOC Policy & Procedure 808.03- Prisoner Grievances
5. Interim Policy and Procedure memo for Policy 808.03
6. Interviews with the following:
  - a. Superintendent
  - b. PCM
  - c. Inmates

AKDOC P&P 808.19, AKDOC P&P 808.20, AKDOC P&P 808.03 – Prisoner Grievances and AKDOC Interim Policy and Procedure Memorandum (IPPM) for 808.03 – Prisoner Grievances Regarding Sexual Abuse were reviewed and address the requirements of this standard. The AKDOC has a policy specific for general grievances and an Interim Policy and Procedure for addressing grievances regarding sexual abuse.

Per Policy, the agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse and the agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. If a grievance addresses more than one issue that is not related to sexual abuse, the inmate's grievance will proceed as an emergency issue and treated with no time limits. The portion of the grievance that is alleging a second issue not related to a sexual abuse will be dealt with separately and the inmate asked to provide a separate grievance for tracking purposes.

The policies do not require an inmate to submit a grievance to a staff member who is the subject of the complaint. Policy allows inmates to submit grievances related to sexual abuse through other staff members, family members, attorneys or outside advocates. If a grievance was submitted which alleged a staff member, it is treated as an emergency request and processed as a PREA compliant. This would never be referred to the staff member who is alleged in a grievance, as the investigative policy and procedures would be in affect and separation of alleged aggressor/staff member and prisoner would occur.

IPPM Policy requires that emergency grievances which allege sexual abuse be addressed within five calendar days. In the past 12 months no grievance were filed alleging sexual abuse.

AKDOC IPPM for 808.03 indicates that third parties, including other prisoners, staff members, family members, attorneys and outside advocates, shall be permitted to assist prisoners in filling request for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of prisoners. The request will be filed as an emergency grievance and filed as a PREA complaint. If the inmate denies clines to have third-part assistance in filing a grievance alleging

sexual abuse, the facility will document this declination in an incident report. However, the investigation will proceed with all available evidence. In the past 12 months there were no third party grievances received.

Alaska Department of Corrections Policy 808.03 does include emergency grievance processes which include an inmate who is subject to a substantial risk of imminent sexual abuse. Furthermore, the Investigations Policy 808.20 addresses the requirement to issue a decision within 5 calendar days.

AKDOC policy 808.03 covers Grievance system abuse when an inmate files frivolous or repetitious grievances or false statements. However, grievances that are filed alleging sexual abuse, automatically become a PREA case and if the grievance is determined to be a false report of sexual abuse, sexual harassment or staff sexual misconduct the inmate may be held accountable. Furthermore, no prisoner shall receive an incident report for making a false report based solely on the fact that their allegations could not be substantiated.

While the interim policy for inmate grievances regarding sexual abuse meets the requirements of this standard, inmates need to be aware of this process.

**Corrective Action Plan:** Information on grievances regarding sexual abuse should be added to the inmate handbooks and included in the PREA orientation. Provide the auditor with a copy of the update prisoner hand book and orientation curriculum to document changes made.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation on May 1, 2020 to evidence and demonstrate corrective action taken by the Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Memo from PCM regarding corrective action taken
2. Revised Inmate Handbook
3. Revised Orientation material

Anvil Mountain Correctional Center revised its Inmate Handbook to incorporate language per this PREA standard regarding grievances. The facility also provided a revised Orientation program that includes information on grievances. This Standard is now fully compliant.

## Standard 115.53: Inmate access to outside confidential support services

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA

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

#### 115.53 (b)

- Does the facility inform inmates, 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

#### 115.53 (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 inmates 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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AMCC Prisoner Handbook
4. Victim Advocacy pamphlet
5. Chapter 236, AST Sexual Assault Protocol
6. Observation while on-site
7. Interviews with the following:
  - a. PREA Coordinator
  - b. PCM
  - c. Probation Officer
  - d. Inmates

AMCC makes available to the victim a victim advocate from a rape crisis center. Revised Policy 808.19 addresses the requirement for staff to refer victims to mental health following an allegation of sexual victimization and referral to an outside victim services agency per Section VII D Internal procedures require Probation staff or an assigned staff member arrange for victims of sexual abuse to have access for outside victim services. This information is provided in the Victim Advocacy pamphlet. In cases where an incident occurred within 7 days and AST is transporting the victim to a hospital for a SART



exam, the AST sexual assault protocol will be followed. In these cases, Victim advocates are contacted for assistance with counseling during questioning and the medical exam. Standing Together Against Rape (STAR) has been contacted and will provide services but indicated they were not able to sign a MOU. STAR is the primary responder with the AST for all investigations of sexual assault. AST will also utilize other local victim advocates based on the location of the incident. The primary local victim advocate would be provided by Norton Sound Health Corporations Behavior Health Services Department. The facility does not provide inmates with contact information and does not provide inmates information 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 information regarding rape crisis providers.

**Corrective Action Plan:** Provide inmates with contact information for rape crisis providers and the extent to which such communications will be monitored and which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation to evidence and demonstrate corrective action taken by the Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Memo from facility describing revised processed.
2. Victim Advocacy Contact Information Brochure

The facility provided a memo explaining how the facility currently provides contact information to inmates. The information Brochure is posted in all housing units. The brochures provides the contact information for the victim advocate groups DOC has agreements with as well as the fact that calls are not monitored. Further, it outlines that all reports that violate Alaska Statute will be forwarded to the Alaska State Troopers (AST) for investigation/prosecution and that AST will contact and arrange for an advocate for the SART exam and questioning. This Standard is now fully compliant.

## Standard 115.54: Third-party reporting

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

#### 115.54 (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 an inmate?  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. PREA Posters
4. AKDOC website
5. Observation while on-site
6. Interviews with the following:
  - a. PCM
  - b. Random staff
  - c. Random. Inmates

AKDOC P&P 808.19, PREA posters and the AKDOC website were reviewed and address the requirements of this standard. There is a PREA confidential hotline number that anyone can call to report a potential PREA issue. This information is available on all the PREA posters that are posted in all the housing units and in the lobby and visiting room. The AKDOC website also has information regarding third-party reporting.

The review of policy, AKDOC website, PREA posters, supporting documentation and interviews with the PCM, staff and inmates demonstrated AMCC is compliant with this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (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 inmates 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

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

#### 115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (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

#### 115.61 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 202.15- Standards of Conduct
4. AKDOC Employees Code of Ethics
5. PREA Training Lesson plan
6. Interviews with the following:
  - a. PCM
  - b. Random staff

AKDOC Policy 808.19, AKDOC Policy 202.15 – Standards of Conduct and AKDOC Employee Code of Ethical Professional Conduct were reviewed and address the requirements of this standard. AKDOC policy 808.19 requires all staff to report immediately any information they receive or upon reasonable belief to suspect a sexual victimization has occurred, shall report to their appropriate supervisory staff. Sexual victimization is defined as, to make a victim of sexual abuse or sexual harassment, which includes through retaliation, physical or mental. The policy doesn't specifically address the requirement for staff to immediately report violations of responsibilities that may have contributed to an incident or

relation. However, the employee Code of Ethical Professional Conduct requires all staff to report any corrupt or unethical behavior of other staff. AKDOC Policy 202.15 requires staff to immediately report any knowledge of criminal activity or unethical action.

Interviews with staff verified they were aware to immediately report to the facility's designated staff any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; any retaliation and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report.

The review of policies, documentation, the training curriculum and interviews with staff demonstrated AMCC is compliant with this standard.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. PREA Training lesson plan
4. Interviews with the following:
  - a. Superintendent
  - b. PCM
  - c. Random staff

AKDOC Policy 808.19 and the PREA training curriculum were reviewed and address the requirements of this standard. Policy and training require staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an Inmate subject to risk of imminent sexual abuse. Security personnel would immediately employ protection measures as the information is passed to the appropriate supervisor. Per interview with the Superintendent, immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or

requesting a transfer. In the past 12 months there have had zero instances where an inmate was subjected to a substantial risk of imminent sexual abuse.

The review of the policy and the training curriculum and interviews with the Superintendent and staff demonstrated AMCC is compliant with this standard.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- Upon receiving an allegation that an inmate 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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20- Prison Rape Elimination Act (PREA) Investigations
4. Interviews with the following:
  - a. Superintendent
  - b. PCM

AKDOC policies were reviewed and address the requirement of this standard. The policy requires that upon receiving an allegation that a prisoner was sexually abused while confined at another institution, the Superintendent or designed of the receiving institution must notify the superintendent of the institution that the allegation is reported to have occurred at. This notification must occur within 72 hours after receiving an allegation. The facility in which the alleged victim reports to, will be responsible for the PREA case assignment. The facility that the alleged abuse occurred at will assist with the investigation.

There was zero allegations reported that an inmate was sexually abused while confined at another institution in the past 12 months. In the past 12 months there were zero instances where a prisoner housed at another correctional facility alleged sexual abuse while at AMCC.

The review of the policies, PAQ and interviews with the Superintendent and PCM demonstrated AMCC is compliant with this standard.

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

### 115.64 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKCOC Policy and Procedure 808.20-
4. PREA Crime scene checklist
5. PREA training lesson plan
6. PREA first responder pocket card
7. Interviews with the following:
  - a. PCM
  - b. Random staff

AKDOC P&P, 808.19, AKDOC P&P 808.20, the PREA Crime Scene Checklist and the PREA training lesson plan were reviewed and address the requirements of this standard. The policy directs how to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with security and non-security staff confirmed they were very knowledgeable about what to do upon learning an inmate 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. Staff has also been issued PREA responder pocket cards.

In the past 12 months there were zero allegations of sexual abuse. As such neither security nor non-security staff were required to perform first responder duties.

Review of policies, Checklist, PREA lesson plan and interviews with staff confirms AMCC is compliant with this standard.

## Standard 115.65: Coordinated response

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

### 115.65 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. First Responder pocket card
5. PREA Training lesson plan
5. Interviews with the following:
  - a. Superintendent
  - b. PCM

AMCC does not have a written coordinated response plan. It was reported that the facility follows policy 808.19 which details a facility's response to an incident of sexual abuse. Staff are issued a PREA First Responder pocket card.

**Corrective Action Plan:** Develop, implement and train staff on a facility coordinated response plan.

### **Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation on January 10, 2020 to evidence and demonstrate corrective action taken by AKDOC and the Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

### **Additional Documentation Reviewed:**

1. Anvil Mountain Correctional Center Coordinated Response Plan
2. Training roster

Anvil Mountain Correctional Center developed a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, Shift Supervisors, Investigator, medical and mental health practitioners and facility leadership. The Coordinated Response Plan is comprehensive in describing required actions by security and specialized staff in the form of a checklist. Facility staff attended training regarding the Coordinated Response Plan. This Standard is now fully compliant.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

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

### **115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. Collective Bargaining Contracts
3. Interviews with the following:
  - a. PREA Coordinator
  - b. Agency Director
  - c. Superintendent

The State of Alaska when entering into a collective bargaining contract with employees has not limited the ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation. The State of Alaska has four separate contracts which covers; 1) Correctional officers, 2) maintenance personnel, 3) support staff and 4) supervisors.

Compliance with this standard was determined through the review of the collective bargaining contracts and interviews with the Agency Director, Superintendent and PREA Coordinator.

### Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

### 115.67 (d)

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

### 115.67 (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

### 115.67 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20
4. PREA Retaliation form
5. Interviews with the following:
  - a. Superintendent
  - b. PCM

AKDOC P&P 808.20 requires the institutional PCM or designee to monitor for retaliation for all prisoners and staff who report sexual abuse or harassment. Policy states that monitoring will occur for up to 90 days and that the 90 days may be extended if needed.

The PCM was able to explain her role in monitoring retaliation, the length of time to monitor for retaliation and the multiple protection measures the facility take to protect prisoner and staff from retaliation. Victims are informed they can contact the PCM whenever they have a concern regarding retaliation. There were zero allegations of sexual abuse reported in the past 12 months, therefore there were no documents to review. In the past 12 months there have been zero cases of retaliation.

Review of policies and interview with the PCM demonstrated AMCC is compliant with this standard.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy and Procedure 804.01 Administrative Segregation
4. Interviews with the following:
  - a. Superintendent
  - b. PCM
  - c. Random staff

AKDOC P&P 804.01 allows staff to place an inmate who is alleged to have suffered sexual abuse in administrative segregation. The emergency placement shall not exceed 24 hours, unless justified by the Superintendent in writing. The policy requires that an inmate's access to visitation, mail, telephone, recreation, library and programs can only be restricted if done by an individualized determination and only if the inmate's participation threatens the order and security of the facility. If such a determination is made, a Superintendent must review the determination every 30 days along with their findings of facts in justification of such a restriction. The policy addresses the duration of the limitation and the reason for limitations. Ordinarily this would not exceed 30 days and would only be necessary for safety and security and until other arrangements could be met, such as a transfer of the alleged aggressor or completion of an investigation.

The occurrence of an involuntary segregation of a victim of sexual abuse would be extremely rare. If an alleged victim requests protection, the request would be allowable under the policy. It is the AKDOC's practice that this involuntary segregation doesn't occur, as separation of the victim and aggressor can be addressed in many ways.

If in the event that a victim was ever involuntary segregated due to a sexual abuse, Policy 804.01 requires that documentation for Individual Determination Restrictions be documented and justified with regular 30 day reviews. In the past 12 months there has zero prisoners held in segregation because they suffered sexual abuse. They may be placed in administrative segregation until the investigation was completed. The inmate may request placement in protective custody.

Review of policy, documentation and interviews with staff and the Superintendent demonstrated AMCC is compliant with this standard.

## INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (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 115.21(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 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (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

#### 115.71 (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

#### 115.71 (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 inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (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

#### 115.71 (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

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (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 115.21(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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20
4. AMCC PREA Investigations log
5. Interviews with the following:
  - a. PCM
  - b. Facility Investigator
  - c. AST Investigator

The AKDOC is responsible for conducting administrative investigations regarding sexual abuse and sexual harassment. AST is responsible for conducting criminal allegations of sexual abuse. AST is responsible for investigating any unclassified or Class A felonies. This relates to the Alaska offense of Sexual Assault in the First Degree. Offenses of Sexual Assault in the Second through Fourth Degree fall under the investigative authority of the AKDOC. The Alaska State Troopers are the responding agency that conducts all criminal investigation for prisoners. Any substantiated allegation would be forwarded to them for investigation. They would then refer the case for prosecution. Since August 20, 2012 there zero cases that were forwarded to the DA’s office for prosecution.

There were zero allegation of sexual assault and 8 allegations of sexual harassment reported by inmates in the past 12 months. A breakdown of those allegations is as follows:

Number of Allegations	Type	Finding
8	Inmate-on-Inmate Harassment	1- Substantiated 5- Unsubstantiated 1- Unfounded 1- Open
0	Staff-on-Inmate Harassment	N/A

The facility investigators interviewed stated that they collect the appropriate direct and circumstantial evidence, reviews 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 Investigators also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. AKDOC retains all copies of administrative and criminal investigations for 5 years after an alleged abuse is released from incarceration or employment from the Department. Polygraphs are not used in PREA investigations. The investigators provided documentation of annual PREA training and specialized training for PREA investigators.

The review of policies, investigative files, documentation and interviews with an AST investigator and Facility investigators demonstrated compliance with this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20
4. AKDOC policy 809.04
5. AMCC Investigative files
6. Interviews with the following:
  - a. PREA Coordinator
  - b. PCM
  - c. Facility Investigator

Neither AKDOC P&P 808.20 nor 808.19 specifically address the standard of a preponderance of evidence when making determinations. However, AKDOC's policy and practice surrounding this standard is defined in the Disciplinary Committee Hearing Officers and Basic Operations, Policy AKDOC policy 809.04. While the PREA policy is not specific in making this inference, it is a trained standard when making a closing summary for an investigation regarding PREA incidents. This is a trained standard and is represented in all of our Departments judgments when making findings whether PREA or Discipline related. Per interviews with the investigators, they confirmed they consider the preponderance of the evidence as the evidentiary standard consistent with this standard.

AMCC is compliant with this standard. It is recommended that AKDOC P&P 808.20 and/or 808.19 be revised to include the language 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. Note: Policy 808.20 was revised on 10/17/2019 and now includes the definition of preponderance of evidence.

### Standard 115.73: Reporting to inmates



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

### 115.73 (a)

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

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

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

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

### 115.73 (e)

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

### 115.73 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20
4. AMCC Investigative files
5. Interviews with the following:
  - a. PCM
  - b. Facility Investigator

AKDOC P&P 808.20 requires that every victim be informed of the results of the investigation with the findings of substantiated, unsubstantiated or unfounded. The auditor reviewed all investigation files noted that inmates were notified of the findings. Currently, the practice for closing a case and making a finding has changed and the investigators are now required to fill out a PREA Case finding/closure form. This form requires the staff member who provided the results of the investigation to the victim and to annotate the delivery method and date. In the last 12 months there were zero investigations of alleged sexual abuse at this facility. If the investigation was turned over to AST, they would contact the facility or the inmate to inform them of the status.

AKDOC P&P 808.20 requires the institutions to document and inform a prisoner when staff members are no longer posted within the prisoners unit, when a staff member is no longer employed at the institution and if a staff member has been indicted or convicted on a charge related to sexual abuse. Following a prisoner's allegation that they have been sexually abused by another prisoner, the institution must document and inform the prisoner whenever the institution learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse. There have been no substantiated cases during the past 12 months that fall into these categories of notification. Therefore, no documentation was available to review.

Per policy, investigations that are referred to the AST and / or District Attorney's (DA) office will receive follow-up from the institution's PCM every 30 days to verify the status of the cases. During the past 12

months, one investigation was conducted by an outside agency. Documentation was provided that indicates the facility contacts the outside agency to verify the status of the case.

The review of policies, investigative files, documentation and interviews with the facility investigators demonstrated compliance with this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (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

#### 115.76 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised 10/17/2019)
3. AKDOC Policy & Procedure 202.15
4. Interviews with the following:
  - a. PREA Coordinator
  - b. Superintendent

AKDOC P&P 808.19 and AKDOC P&P 202.15 were reviewed. AKDOC P&P 808.19 that was revised on 10/17/2019 now includes language that states “Any staff member determined to have engaged in sexual misconduct with a prisoner shall be subject to discipline sanctions up to and including termination for violating Department policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Any relevant licensing body for staff shall be contacted and informed of the actions.”

In the past 12 months there have been zero staff members who have violated these policies. There have also been zero staff members who have been terminated or resigned in lieu of termination in the last 12 months.

Review of policies and interviews with the PREA Coordinator and Superintendent demonstrated AMCC is compliant with this standard.

## **Standard 115.77: Corrective action for contractors and volunteers**

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

### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  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

### **115.77 (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 inmates?  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 808.20
4. AKDOC Policy & Procedure 202.01
5. Interviews with the following:
  - a. PCM
  - b. Superintendent
  - c. Contractor
  - d. Volunteer

AKDOC P&P 808.19, AKDOC P&P 202.01 and the Employee and Volunteer Code of Professional Conduct were reviewed and address the requirements of this standard. A contractor or a volunteer will be prohibited from the building pending the investigation finding if they are caught having sexual relations with prisoners. When a volunteer or contractor is approved they read and sign the AMCC Orientation for Contractor/Volunteer/Contract Staff form.

During the past 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Interviews with a contractor and volunteer indicated they were aware of the consequences for violating the PREA policy.

Compliance with this standard was determined by a review of policy, volunteer/contractor training files and acknowledgements and interviews with the Superintendent, PCM, contractor and volunteer.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

### 115.78 (c)

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

### 115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

### 115.78 (e)

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

### 115.78 (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

### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  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*)

### Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 809.02
4. AKDOC Policy & Procedure 809.04
5. Interviews with the following:
  - a. Superintendent

b. PCM

AKDOC P&P 808.19, AKDOC P&P 809.02 – Prisoner Rules on Discipline, and AKDOC P&P 809.04 – Disciplinary Committee, Hearing Officers and Basic Operations were reviewed and address the requirements of this standard. Policy 808.19 states that any prisoner alleged of sexual abuse, sexual harassment or sexual misconduct shall be subject to the department’s disciplinary process regardless of the outcome of the law enforcement investigation. Inmates are not disciplined for a report of sexual abuse made in good faith. AMCC does offer counseling through the mental health clinician to address and correct underlying reason for abuse. Participation in the counseling sessions is not mandatory

Policy 808.19 states, a prisoner engaging in sexual misconduct with an employee may be subject to discipline contingent upon the particular facts and consistent with the offender rules of conduct.

Policies prohibit all sexual activity between inmates. Policy 808.19, defines what is considered a sexual act for Sexual Abuse. AKDOC Policy 808.19 relates that this is not applicable if the victim does not consent or is coerced into such acts. Therefore, a non-consenting inmate would not be punished if it was found that they were coerced into the act.

In the last 12 months there have been zero administrative or criminal findings of guilt for inmate on inmate sexual abuse.

Review of policies, documentation and interviews with the Superintendent demonstrated AMCC is compliant with this standard

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised)
3. AKDOC Policy & Procedure 807.02- Access to Health Care Services
4. AKDOC Policy & Procedure 807.08-08- Informed Consent and Refusal of Services
5. AKDOC Policy & Procedure 807.13- Mental Health Administration and Services
6. Interviews with the following:
  - a. PCM
  - b. PREA Coordinator
  - c. Medical and Mental health staff

AKDOC P&P 808.19, AKDOC P&P 807.02 – Access to Health Care Services, AKDOC P&P 807.08 – Informed Consent and Refusal of Services and AKDOC P&P 807.08 – Mental health Administration and Services were reviewed and address the requirements of this standard. Revised Policy 808.19 addresses the requirement of 115.81(a) with an inmate who has experienced prior sexual victimization being offered a follow up meeting with medical or mental health if they have prior sexual victimization, whether it occurred in an institution or community. This is requirement is addressed on page 6 Section IV. D.

The requirement of 115.81(b) is addressed within the same section on page 6, section IV D requiring that If during the PREA risk assessment process the prisoner indicates or admits to having experienced



prior sexual victimization or has previously perpetrated sexual abuse while incarcerated or while in the community, they shall be offered a follow-up with mental health staff for further evaluation within 14 days of the screening.

115.81(c) references the same requirement in 115.81 (a) with the consideration being on a jail inmate. While most facilities in the state of Alaska are considered a prison, some facilities may qualify as a jail. However, there is no differentiation in policy between a jail or prison inmate.

The Risk Screening tool has been modified so that these requirements are reiterated

Medical and mental health personnel do obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Interviews with medical and mental health staff confirm awareness of the PREA requirements. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for the purpose of treatment plans, security, housing, work and program assignments and management decisions.

**Corrective Action Plan:**

Implement the procedure of the revised policy 808.19 section IV (D) to offer a follow up meeting with mental health staff for further evaluation within 14 days of the screening. Provide the auditor a minimum of 60 days of screening documentation.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation during the corrective action period to evidence and demonstrate corrective action taken by Anvil Mountain Correctional Center regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

- 1 Memo from PCM regarding Mental Health referrals
- 2. PREA Medical/Mental Health Referral forms

The PCM provided information on the process used at Anvil Mountain Correctional Center for the Mental Health referrals along with documentation showing the referrals are being made. This standard is now fully compliant.

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

- Do inmate 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

#### **115.82 (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 § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate 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

### 115.82 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy and Procedure 807.02
4. Interviews with the following:
  - a. Medical and Mental Health staff

AKDOC P&P 808.19 and P&P 807.02 were reviewed and address the requirements of this standard. The policies ensure inmate 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. Medical and mental health maintains secondary materials and notes are kept in the Electronic Health Records (EHR). Only medical staff has access to these records. The documentation includes the timeliness of emergency medical treatment that was provided and information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. The medical department is staffed for 18 hours daily and mental health staff are on-call after normal business hours. Forensic exams and crisis intervention services are provided off-site. Emergency medical and mental health services are provided to every victim of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Interviews with medical and mental health confirmed services are being provided as required by this standard.

Review of policies, documentation and interviews with medical and mental health staff demonstrated AMCC is compliant with this standard.

## Standard 115.83: 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

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.83 (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

### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
3. AKDOC Policy & Procedure 807.02
4. AKDOC Policy & Procedure 807.08
5. Interviews with the following:
  - a. Medical and Mental Health staff

AKDOC P&P 808.19, AKDOC Draft P&P 808.19 AKDOC P&P 807.02, and AKDOC P&P 807.08 were reviewed and address the requirements of this standard. AMCC offers medical and mental health evaluation to all inmates who have been victimized by sexual abuse in prison, jail, lockup, or a juvenile facility. All alleged victims are asked if they want to speak to mental health services and are asked to submit a request for interview to the mental health clinician. Nursing staff will also notify the mental health clinician.

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests and receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services Prisoners at this facility are offered tests for sexually transmitted infections. These tests are free of charge if the prisoner was sexually assaulted. Prisoners are referred to Mental Health following an allegation of sexual misconduct and are given crisis counseling by a qualified mental health professional

Review of policies, documentation and interviews with medical and mental health staff demonstrated AMCC is compliant with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)
2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised 10/17/2019)
3. Interviews with the following:
  - a. PREA Coordinator
  - b. Superintendent

AKDOC P&P 808.19 revised on 10/17/2019 now includes language that addresses the requirement of this section. The policy states:

“1. The institution shall conduct a Sexual Abuse Review at the end of every sexual abuse investigation, both criminal and administrative, substantiated or unsubstantiated, unless the allegation was determined to be unfounded. The review shall be recorded on the DOC Form 808.19D (Sexual Abuse Incident Review).

2. Members of the review team shall include members of the institution’s management and the PREA Compliance manager, with input from line supervisors, investigators and medical or mental health practitioners.

3. The Sexual Abuse Incident Review Form shall be forwarded to the Department’s PREA Coordinator for tracking and data collection.

4. The Superintendent shall implement any recommendations for improvement or shall justify the reasons for not being able to follow the recommendation.”

The policy doesn’t have specific language requiring that the reviews be accomplished within 30 days. The Sexual Abuse Incident review form indicates the review shall normally completed within 30 days of completion of an investigative finding of substantiated or un-substantiated.

The facility did not have any allegations of sexual abuse in the past 12 months; therefore there were no completed review forms to review. Per interview with the Superintendent, she was aware of the requirement for reviews.

Review of policy and interviews with PREA Coordinator and Superintendent demonstrated AMCC is compliant with this standard.

## Standard 115.87: Data collection

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

### 115.87 (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

### 115.87 (b)

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

### 115.87 (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

### 115.87 (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

### 115.87 (e)

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

### 115.87 (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*)

Evidence Reviewed (documents, interviews, site review):

- AMCC Completed Pre-Audit Questionnaire (PAQ)
- AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised 10/
- AKDOC website

4. AKDOC 2017 Annual Report
5. Interviews with the following:
  - a. PREA Coordinator

AKDOC P&P 808.19 and the AKDOC 2017 Annual PREA Reports were reviewed. Policy 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. The AKDOC utilizes an instrument that is reflected in a data base the PREA Coordinator has access over. This data base stores all data and information for all sexual abuse/sexual harassment cases for the Department.

The AKDOC completes an annual report of aggregated incident based sexual abuse data. The annual report does not included incident-based and aggregated data from private facility with which it contracts for the confinement of its inmates. The Departments website contains links to this report at: <http://www.correct.state.ak.us/prea/annual-reports/2017%20Annual%20PREA%20Report.pdf>

The tool/database contains the data necessary to respond to the demographics information of the victims and aggressors. This includes data related to offense location, time and date. This tool/database in conjunction with the offender management system of the Alaska Corrections Offender Management system (ACOMS) can provide other data requirements, such as disciplinary sanctions. The AKDOC's tool/database stores all of the incident based data that is received regarding any reported sexual abuse/harassment case within the Department. The AKDOC utilizes an instrument that is reflected in a data base the PREA Coordinator has access over. This data base stores all data and information for all sexual abuse/sexual harassment cases for the Department. The AKDOC doesn't currently conduct Sexual Abuse Reviews. In order to provide detailed information regarding sexual abuse data, the need for sexual abuse reviews must occur. AKDOC P&P 808.19 was revised, finalized and implemented on 10/17/2019 and now addresses the need for sexual abuse reviews.

The AKDOC contracts for the confinement of pretrial offenders through various small city jails throughout the state of Alaska. In order to help the monitoring of contracts and with collection of data, the AKDOC maintains a separate database/tool for all contracted facilities. This data base mirrors the database for State Prisons. PREA audits are not completed for jails the AKDOC contracts for the confinement of pretrial offenders.

**Corrective Action Plan:** Revise the Annual PREA report to include incident-based and aggregated data from private facilities and jails. Complete sexual abuse incident reviews and provide detailed information regarding sexual abuse data in the Annual Report.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation during the corrective action period to evidence and demonstrate corrective action taken by AKDOC regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Revised Policy 808.19- Sexual Abuse/Sexual Assault and Reporting
2. 2018 Annual PREA Report
3. 2019 Annual PREA Report

AKDOC revised P&P 809.19 on 10/17/2019 to include the requirements of this standard. The 2018 Annual PREA Report was revised to include incident-based and aggregated data from private facilities. He 2019 Annual PREA Report also contains this data. This Standard is now fully compliant.



## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

#### 115.88 (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

#### 115.88 (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

#### 115.88 (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*)

Evidence Reviewed (documents, interviews, site review):

1. AMCC Completed Pre-Audit Questionnaire (PAQ)

2. AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting (revised 10/17/2019)
3. AKDOC 2017 Annual PREA Report
4. AKDOC website:
5. Interviews with the following:
  - a. PREA Coordinator

AKDOC P&P 808.19 and the AKDOC Annual PREA Reports were reviewed. The policy requires the PREA Coordinator to maintain, review and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews for every allegation of sexual abuse and sexual harassment. AKDOC prepares and publishes an annual report.

The Department evaluates all cases for areas of improvement. An annual report is completed yearly. However, corrective actions for each facility, is not currently addressed in the report, due to the need for Sexual Abuse Reviews. AKDOC P&P 808.19 was revised, finalized and implemented on 10/17/2019 and now addresses the need for sexual abuse reviews. The annual report does make comparisons of the year's data and makes an assessment of the agency's progress in addressing sexual abuse.

The 2017 annual report was approved by the Commissioner and is available for the public on the AKDOC's web site. The AKDOC's current yearly reports don't have any redacted information. No details of any incident are included in the reports. If the AKDOC were to utilize an incident to demonstrate or to discuss deficiencies or the need for improved, all pertinent information pertaining to identifiers would be redacted and the report would indicate that information had been redacted for privacy/confidentiality concerns.

**Corrective Action Plan:** As Sexual Abuse Reviews are completed, include in the annual report its findings and corrective actions for each facility, as well as the agency as a whole.

**Verification of Corrective Action since the on-site Audit:**

The Auditor was provided supplemental documentation by AKDOC regarding this Standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

1. Revised Policy 808.19- Sexual Abuse/Sexual Assault and Reporting
2. 2019 Annual PREA Report

AKDOC revised its P&P 809.19 on 10/17/2019 to include the requirement to complete Sexual Abuse Incident Reviews at the end of every sexual abuse investigation, both criminal and administrative, substantiated or unsubstantiated, unless the allegation was determined to be unfounded. As this provision and requirement was just added, the Annual PREA Report for 2017 posted on the Agency website nor the 2018 Annual PREA Report, includes the required information per this standard. The State PREA Coordinator indicated the 2019 annual report will include the information, procedure changes and other data gathered in those reviews. As the requirement for sexual abuse incident reviews was not required until P&P 808.19 was revised and implemented on 10/17/2019, there were only a limited number of reviews completed in CY 2019. The 2019 Annual PREA Report was reviewed and has additional data included. The report has not been approved and is not published on the AKDOC website. This Standard remains non-compliant.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (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

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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*)

#### Evidence Reviewed (documents, interviews, site review):

- AMCC Completed Pre-Audit Questionnaire (PAQ)
- AKDOC Policy & Procedure 808.19-Sexual Abuse/Sexual Assault and Reporting
- AKDOC website
- Interviews with the following:
  - PREA Coordinator

All PREA information is considered confidential. Therefore, limited access is allowed to this information. For information retained and pertaining to 115.87, the State PREA Coordinator is the only staff member with access to this information. This information is kept in a secure computer network and storage system. Individual filing years for the Survey of Sexual violence is also kept on the State PREA Coordinators' computer, which is backed within a secure server for the AKDOC. The AKDOC retains all sexual abuse data collected pursuant to 115.87 for 10 years. Sexual abuse data can be found on the AKDOC web site. AKDOC retains all sexual abuse data collected pursuant to 15.87 for 10 years.

The review of policy, supporting documentation and interview with the AKDOC PREA Coordinator demonstrated AMCC 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 inmates 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*)

During the prior three-year audit period, the agency did not ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. This is the first PREA audit of AMCC.

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 inmates and staff during the site visit. Notice of PREA audit was posted on August 19, 2019. No inmates contacted the auditor.

### 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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 AKDOC's website at <http://www.correct.state.ak.us/prison-rape-elimination-act> confirms that the agency ensures that the auditor's final report is published on the agency's website. The AKDOC website has PREA audit reports posted for 10 institutions and contracted facilities.

## AUDITOR CERTIFICATION

I certify that:

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

Dave Andraska

6/03/2020

**Auditor Signature**

**Date**