

PREA Facility Audit Report: Final

Name of Facility: Grimes Unit

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/30/2025

Date Final Report Submitted: 12/27/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 12/27/2025

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	dreed@drbconsultinggroup.com
Start Date of On-Site Audit:	02/17/2025
End Date of On-Site Audit:	02/20/2025

FACILITY INFORMATION	
Facility name:	Grimes Unit
Facility physical address:	300 Corrections Drive , Newport, Arkansas - 72112
Facility mailing address:	

Primary Contact

Name:	Claudia Harris
Email Address:	Claudia.Harris@doc.arkansas.gov
Telephone Number:	870-523-5877

Warden/Jail Administrator/Sheriff/Director	
Name:	Christopher Budnik
Email Address:	chris.budnik@doc.arkansas.gov
Telephone Number:	870-523-5877

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Lynda Teague
Email Address:	l.teague@wellpath.com
Telephone Number:	870-512-2195

Facility Characteristics	
Designed facility capacity:	1093
Current population of facility:	1087
Average daily population for the past 12 months:	1097
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Men/boys

Age range of population:	18 - 81
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	132
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	43
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	21

AGENCY INFORMATION

Name of agency:	Arkansas Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	1302 Pike Avenue, Suite C, North Little Rock, Arkansas - 72114
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	Lindsay Wallace
Email Address:	Lindsay.Wallace@doc.arkansas.gov
Telephone Number:	501-682-3309

Agency-Wide PREA Coordinator Information

Name:	Haley Reeves	Email Address:	Haley.Reeves@doc.arkansas.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-02-17
2. End date of the onsite portion of the audit:	2025-02-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted "White River Medical Center" regarding SANE/SAFE for GU inmates. This auditor also contacted CLEST (Commission on Law Enforcement Standards and Training) to verify CLEST as external confidential reporting resource for GU. This auditor also tested the "Language Line Solutions/Voyce Global" translation/interpretation phone number and access code to verify contractual agreement with Wellpath. Additionally, I contacted "Batesville Rape Crisis Center" to verify victim advocacy MOU with GU.
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1093
15. Average daily population for the past 12 months:	1097
16. Number of inmate/resident/detainee housing units:	24

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>1084</p>
<p>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>49</p>
<p>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>22</p>
<p>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>8</p>
<p>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>

29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	19
31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	8
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	145
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	19
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	41

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>This auditor also attempted to identify and interview GU inmates who fit the target group per the PREA Auditor's Handbook.</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>This auditor requested to view the Master Population Roster, which contains inmate demographic and ethnic information. This auditor also conversed and reviewed medical documentation to identify targeted groups and establish a diverse sample of random inmate interviews.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>19</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>1</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	21
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook. These 21 interviewed staff include specialized staff and contracted medical professional staff.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7

63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook.
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>While onsite, I requested my own samples of documents, reviewed files while onsite, and other verification to determine compliance. This auditor also tested the PREA Internal Hotline to ensure confidential reporting. This auditor also contacted CLEST (Commission on Law Enforcement Standards and Training) to verify them as external confidential reporting resource for GU inmates.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>While onsite, I requested my own samples of documents, reviewed files while onsite, and other verification to determine compliance. This auditor also tested the PREA Internal Hotline to ensure confidential reporting. This auditor also contacted CLEST (Commission on Law Enforcement Standards and Training) to verify them as external confidential reporting resource for GU inmates.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	7	0
Staff-on-inmate sexual abuse	16	4	16	4
Total	23	4	23	4

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	17	0	17	0
Staff-on-inmate sexual harassment	25	0	25	0
Total	42	0	42	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	2	1
Total	0	0	0	3	1

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	5	0	1
Staff-on-inmate sexual abuse	0	11	1	4
Total	1	16	1	5

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	14	0	1
Staff-on-inmate sexual harassment	2	23	0	0
Total	4	37	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

5

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.11. Grimes Unit follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.11. An excerpt states, <i>“As the executive head of the Arkansas Department of Corrections (DOC), it is the responsibility of the Secretary of Corrections (Secretary) to administer the various rules, orders, or directives issued by the DOC. The purpose of this directive is to ensure that the DOC remains in compliance with the Prison Rape Elimination Act (PREA). The DOC has a “zero-tolerance” approach toward all forms of sexual abuse and sexual harassment. This directive also sets forth the DOC’s zero-tolerance approach to preventing, detecting, and responding to such conduct. The DOC will initially respond to all reports of sexualized behavior or abuse as nonconsensual, regardless of perception,</i></p>

rumor, appearance, or participant disclosure.” Additionally, “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” states, “PREA Coordinator: Individual responsible for developing PREA training as needed, writing, revising, and updating policies and procedures involving PREA standards; annually reviewing policies for effectiveness and possible standard deficiencies; and advising staff regarding implementation and interpretation of PREA policies.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.11.

Grimes Unit (GU) submitted their "*Organizational Chart*" which identified the PREA Coordinator who oversees all ARDOC’s efforts to comply with PREA Standards in all their facilities. Additionally, this PREA auditor interviewed ARDOC’s Secretary of Corrections, who shared ARDOC’s commitment to PREA’s efforts to prevent, detect and respond to sexual abuse and sexual harassment within all ARDOC facilities. Additionally, this PREA Auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the same commitment to PREA’s efforts, as well as stated that she was supported by ARDOC Secretary of Corrections and ARDOC’s Chief of Legal Council (PC’s direct report under the Secretary of Corrections). During this auditor’s interview with ARDOC’s PC, she shared the multiplicity of additional responsibilities which compete for her time as ARDOC’s PC. She shared that she is responsible for coordinating and monitoring PREA efforts throughout all 28 facilities statewide, conducting PREA Training for all new hired facility employees, tracking PREA incidents/allegations/investigations, and writing annual reports. This auditor recommended that ARDOC’s Secretary of Corrections develop an Agency-level PREA Compliance Unit (PCU), or team, which consists of a minimum of two assigned ARDOC staff to be added to ARDOC PREA Coordinator’s team.

On October 1, 2024, ARDOC posted a new position, on 10/01/2024, to hire an Assistant PREA Coordinator/Administrative Analyst position. The goal is to develop ARDOC’s agency level PREA compliance team, to oversee PREA efforts throughout ARDOC facilities. ARDOC submitted their job posting, which included job duties, as evidence of compliance. On 11/25/24, ARDOC hired their Assistant PREA Coordinator/Administrative Analyst. This auditor formerly met the new team member in-person. Finally, ARDOC submitted their updated “Organizational Chart with ARDOC Assistant PREA Coordinator/Administrative Analyst. ARDOC also submitted the “welcome email” sent to all ARDOC facilities PREA Compliance Manager, informing them of their Assistant PREA Coordinator/Administrative Analyst’s new hire. See the redacted email below:

From: -----, PREA Coordinator (DOC)
Sent: Tuesday, November 26, 2024 9:32 AM
To: ADC PREA Compliance Managers
Subject: PREA Assistant - Welcome
Importance: High

Good morning everyone,

Please welcome Ms. ----- ----- to the PREA team! She will be working as my assistant on various projects as well as helping you all with compliance. Please forward your monthly reports to her starting with the December 2nd report. Beginning December 9, she will be responsible for ensuring your retaliation assessments and Sexual Abuse Incident Reviews (SAIRs) are being completed in a timely manner. Furthermore, she will be my backup to any trainings I instruct. As always, feel free to reach out to me if you need anything.

Thank you,

PREA Coordinator, M.A., PhD-C

Agency PREA Coordinator

Arkansas Department of Corrections (ARDOC)

The addition of this team member will allow for enough time for ARDOC's PREA Coordinator to effectively engage in her primary role.

This PREA auditor concludes that the Grimes Unit (GU) is in compliance with PREA Standard 115.11.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.12. The Arkansas Department of Corrections submitted 53 of their contracts for confinement. Three contracts were with "Re-Entry Facilities" and 50 were with contracted jails through their "309" Contracts. ARDOC's "309" Contracts are agreements between ARDOC and participating county jails within the state, to provide confinement (bed space) at local county jails for specifically screened/charged ARDOC inmates.</p> <p>This auditor reviewed the 50 "309" Jail Contracts" submitted by ARDOC's PC during their previous PREA Agency Audit. This auditor also reviewed 3 "Re-Entry Facilities" contracts during this onsite audit. The 3 contracts ARDOC has with the "Re-Entry Facilities" had language in their contracts which aligns with this PREA Standard. However, when this auditor reviewed the language in ARDOC's 50 "309 Contracts," they did not contain the language required for the contracted entities to be compliant</p>

with ALL PREA Standards. USDOJ PREA Standard 115.12 states, *“(a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”*

Excerpts from ARDOC’s “309 Contracts” language states, “The contractor (county) must be in compliance or have asserted the agency is working towards full compliance, with 28 CFR Part 115 (PREA)...(c) by no later than 60 calendar days after the state agencies authorization to proceed, the contractor shall develop a standard operating procedure (SOP) regarding PREA. At a minimum, the SOP shall address the following:

i. Emergency response to an incident of sexual abuse or assault

ii. Standard response protocols to reported incidents of sexual harassment

iii. Prohibition of all cross-gender strip searches and body cavity searches and a prohibition of all cross-gender pat down searches of female inmates by the county.”

While onsite, this auditor interviewed ARDOC’s 309 Coordinator, who serves as the liaison between ARDOC and the participating “309” county jails. He shared that he cannot recall any of the 50 participating “309” county jails making efforts to be “fully compliant” with the PREA Standards. He further shared that each jail has PREA-related protocols and procedures, however, they do not comply with all PREA Standards. He stated, *“Becoming fully PREA compliant is not on their radar.”* This auditor confirmed this while interviewing ARDOC’s Agency Head, Chief of Staff, and PREA Coordinator. They also confirmed that the participating “309” jails are not PREA compliant nor making efforts to be PREA compliant jails. This auditor can confirm that 1 participating “309” county jail is compliant with PREA standards, as this auditor conducted the audit of the facility. Furthermore, currently ARDOC does not have any personnel who monitor the participating “309” county jails, to ensure that the jails are complying with the PREA standards. As a result, many of ARDOC’s reoccurring “309” contracts with county jails have been in place for many years and have not had PREA monitoring oversight or a PREA Facility Audit.

This auditor recommended ARDOC revise their “309” contract language to clearly align with PREA Standard 115.12, ensuring that each contracted for confinement “309” county jail adopt and comply with PREA Standards, receiving PREA facility audits every 3 years. Additionally, this auditor recommended ARDOC assign personnel who are knowledgeable in PREA, to provide monitoring to all its participating “309” county jails, with the goal of ensuring full PREA compliance through receiving a PREA Audit.

After this auditor’s recommendation, ARDOC engaged in multiple meetings with ARDOC’s agency leadership, as well as multiple communications with the 50 currently participating “309” county jails. These meeting entailed ARDOC making the current

	<p>50 participating “309” county jail leaders aware of ARDOC’s non-compliance with PREA Standard 115.12, informing the actions ARDOC needed to take to move into compliance, and adjustments ARDOC will be making to their “309” county jail contracts to move into compliance. Furthermore, ARDOC amended all their current “309” county jail contracts, provided a window of opportunity for the various 50 participating count jails leaders to review, respond, sign, or opt out of ARDOC’s amended contract (which contained new contractual language/requirements to align with the PREA Standard 115.12). ARDOC’s amended contractual language states, <i>“The COUNTY shall adhere to the standards as stated in the Prison Rape Elimination Act of 2003. The DIVISION shall conduct an informal audit prior to August 19, 2025. The COUNTY shall allow access to facilities and records to the DIVISION as needed to perform the informal audit. The COUNTY shall provide to the DIVISION a certification of full compliance with the PREA prior to August 19, 2026.”</i></p> <p>On 1/15/25, ARDOC’s PREA Coordinator submitted 49 executed/signed amended contracts (uploaded in OAS) from 49 participating “309” county jails. ARDOC’s PREA Coordinator shared that, going forward, additional county jails interested in becoming a contracted “309” county jail, will have to adhere to the amended contract provisions (which includes the amended PREA language).</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.12.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.13. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.13. Excerpts states, <i>“Each facility shall develop, document, and make its best efforts to comply on a regular basis with a Staffing plan that provides for adequate levels of Staffing and, where applicable, video monitoring, to protect Offenders from Sexual Abuse.</i></p> <p><i>1. In calculating adequate Staffing levels and determining the need for video monitoring, Prisons shall take into consideration:</i></p> <ul style="list-style-type: none"> <i>a. Generally accepted detention and correctional practices;</i> <i>b. Any judicial findings of inadequacy;</i>

- c. Any findings of inadequacy from federal investigative agencies;*
- d. Any findings of inadequacy from internal or external oversight bodies;*
- e. All components of the facility's physical plant, including blind spots or area where Staff or Offenders may be isolated;*
- f. The composition of the Offender population;*
- g. The number and placement of supervisory Staff;*
- h. Institution programs occurring on a particular shift;*
- i. Any applicable state or local laws, regulations, or standards;*
- j. The prevalence of Substantiated and Unsubstantiated incidents of Sexual Abuse; and*
- k. Any other relevant factors."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.13.

While onsite, this auditor interviewed GU's Deputy Warden/PREA Compliance Manager, who shared that GU complies with the protocol identified in their staffing plan. She shared that when call-offs and time-offs occur, GU provides coverage through adjusting/rotating on-shift staffing as well as offering voluntary overtime. This allows GU's staffing plan and staffing coverage to remain fulfilled without deviations. If a deviation occurs, the Chief of Security on duty documents it in the "eOMIS" (Electronic Offender Management Information System) which can be viewed by GU's leadership team, PCM and ARDOC's PC. All deviations are reported to the ARDOC's PC for tracking and annual review.

Additionally, when this auditor also reviewed GU's "Staffing Plan" (October 2024), it documented GU's process of ensuring adequate staffing to protect inmates from sexual abuse. This auditor verified that there were no deviations from the staffing plan within the last 12 months. They explained that when there is a deviation from the staffing plan, and after all other above-mentioned alternatives have been exhausted, leadership will be contacted. This PREA auditor also reviewed the facility's staffing roster for the past 6 months, which seemed to have adequate staffing coverage to protect inmates from sexual abuse.

This auditor chose a random selection of unannounced supervisory rounds from 2/2024 to 2/2025. This auditor observed that unannounced supervisory rounds were completed and were noted in GU's green logbooks in red ink. This auditor inquired about the frequency of rounds for each ranking officer on duty during a shift. Correctional Officers and Corporal Officers complete rounds in the barracks twice in one hour not to exceed 40 minutes between rounds. Sergeants make at least six rounds within their assigned zone, which contains many barracks, during their shift. Lieutenants and Captains make at least two rounds per shift. The Major completes

three rounds per week. Lastly, Major, Deputy Warden and Warden positions are a part of an on-call rotation and serve as "Duty Wardens" which ensures that there is constant facility oversight by an Administrator.

This auditor recommended the addition of cameras in specified areas, to improve supplemental video monitoring to enhance their ability to protect inmates from sexual abuse. Those specified areas are as follows:

1. Visitation Area:

- a. 2-"360 cameras" in Visitation Area for each room
- b. 1 camera facing "strip search room" A123F

2. Gate 4 Main Commissary:

- a. 1 camera needed

3. Gate 4 Chaplin Office:

- a. 1 camera needed

4. Restrictive Housing:

- a. Fix 2 cameras in observation cells

5. Kitchen:

- a. 1 camera in kitchen back corner (near boilers and cold storage area)
- b. 2 cameras near pep and serving area

6. Intake Storage:

- a. 3 cameras to cover room and all aisles

7. Zone 3 Commissary:

- a. 2 cameras needed in each room

8. Barracks 1 & 7:

- a. 1-360 camera and 2 corner cameras needed in each barrack

9. Barracks 3 & 5:

- a. 1-360 camera needed in each barrack and 1 camera near room 201 in Barrack 3

10. Gate 2/Zone 2:

- a. 2 cameras for main commissary area

11. Replace all rotating cameras in barracks with 360 cameras for Barracks

2,3, 4, 5, 6, 9, 10, 11, 12 13)

12. 1-360 camera or 90-degree camera in mental health office

This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.13. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager submitted a quote from a commercial company to provide cameras (dated 7/07/25). ARDOC's PREA Coordinator also submitted a "Memo" from ARDOC's Agency Head/Secretary approving the purchasing process for the identified/recommended video monitoring. The "Memo" states,

To: Dr. (PREA Coordinator)

From: Secretary (Agency Head)'

RE: Camera Enhancements for Grimes Unit

Date: November 25, 2025

Thank you for your work in compiling the list of cameras recommended by our Prison Rape Elimination Act (PREA) auditor. Ensuring the safety of our units is a top priority for me, and I authorize our construction team to begin the purchasing process. I am reviewing the needs of the department to determine whether these cameras need to be installed or replaced as part of a standalone project or whether these changes are better adopted into a comprehensive camera project.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.14. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.14. An excerpt states,

“A Youthful Offender shall not be placed in a housing unit in which the Youthful Offender will have sight, sound, or physical contact with any adult Offender through use of a shared dayroom, shower area, toilet area, or sleeping quarters. b. All Youthful Offenders will be housed at the designated unit in a housing area that provides for sight and sound separation from other Offenders over the age of seventeen (17). The Youthful Offenders will be able to attend all unit activities, receive all unit services, and participate in jobs and programs as deemed appropriate by the unit classification committee. Youthful Offenders must be directly supervised when not in their assigned housing area.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.14.

This PREA auditor reviewed multiple randomly selected dates of GU facility rosters and counts while onsite. No youthful inmates were present on the rosters. ARDOC’s PREA Coordinator, GU’s Warden and GU’s Deputy Warden/PREA Compliance Manager also shared that GU did not house youthful inmates. The daily counts while this auditor was onsite did not show youthful inmates being housed at GU. This auditor also interviewed a random selection of 21 specialized, contracted, and direct supervision staff, as well as volunteers. Each responded that youthful inmates are not housed at GU. This auditor also interviewed a random selection of 41 inmates, selected from GU’s daily inmate roster. All 41 interviewed inmates shared that GU did not house youthful inmates. During this auditor’s exhaustive site review/tour, this auditor informally asked multiple inmates if there were inmates under 18 housed at GU. Each response was similar, stating that there were no inmates under 18 years old at this facility.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.14.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.15. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.15. An excerpt states, “(a) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female Offenders.</p>

(b) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in Exigent Circumstances or when performed by medical practitioners.

(c) For a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female Offenders, absent Exigent Circumstances. Facilities shall not restrict female Offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

(d) Offenders shall be permitted to shower, perform bodily functions, and change clothing without 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.

(e) Staff of the opposite gender shall announce their presence when entering an Offender housing unit.

(f) Staff shall be prohibited from searching or physically examining a Transgender or Intersex Offender for the sole purpose of determining the Offender's genital status."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.15.

While on-site, this PREA auditor interviewed 41 randomly selected inmates. Each inmate verified that pat searches are conducted by both female and male officers in a professional manner. When this auditor interviewed a random selection of 10 MU direct supervision staff and asked, "Which gender staff pat searches a transgender or intersex?" All 10 direct supervision staff were unaware of the appropriate procedures regarding transgender searches. All interviewed staff had knowledge of pat search procedures but were unaware of the procedures for searching transgender inmates. GU is an all-male facility.

While onsite, this auditor conducted a site review/tour and observed that there were no adequate barriers to provide privacy for inmates when showering. Inmates are provided privacy when toileting as toilets are located within their cells within the barracks.

Further, this auditor interviewed a random selection of 41 GU inmates. There were 5 of the 41 randomly selected interviewed inmates who shared that they do feel that they have enough privacy to shower, use toilet, perform bodily functions, and get dressed without being viewed by non-medical staff of the opposite gender. Thirty-six inmates shared that there is no privacy when showering due to the location of showers and the lack of privacy afforded them.

During this auditor's site review/tour, this auditor did observe and hear gender announcements occurring upon entry into each barrack however these announcements were not documented in the logbook. This auditor interviewed a random selection of 10 direct supervision staff and asked if female staff announce

prior to entering inmate bathroom and sleeping quarters? Eight out of ten staff members shared that announcing prior to entering the barracks and bathrooms of inmates is occurring consistently. Zero out of 10 interviewed direct supervision shared that they have not made it a practice to consistently log these announcements into the security logs. Additionally, 21 of 41 inmates stated that female staff announce their presence when entering their barracks, but this is a recent practice that began two months prior to the commencement of the audit.

This auditor recommended GU staff start consistently documenting each time an opposite gender staff makes their announcement when entering the barracks. This announcement should be documented in the barrack's security log and the Master Control log. Additionally, this auditor recommends GU demonstrate consistency in practice of logging "*Opposite Gender Announcements*" in the barrack's security logbooks and Master Control log, when female staff announce when entering the barracks.

This auditor also recommended the following adjustments in various locations to ensure that GU is providing adequate privacy from opposite gender staff viewing unclothed inmates, when opposite gender staff are not conducting security rounds. The specific location where this auditor identifies privacy recommendations are as follows:

Grimes Unit Locations and Recommendations:

1. **Program Area:** Take down 2-way mirror in bathroom at end of the hallway
2. **Zone 2:** Take down blinds in Main Chaplin Office and SURS Program Office
3. **Need inmate privacy coverage in every shower area in every barrack** (i.e.: PREA Curtains or Solid Steel Fixed Plate which cover inmates from chest to calf).

This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.15. Corrective Action eds required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager submitted photo evidence of privacy coverage in every shower area in every barrack (Barracks #1- #22, Medical, and Restrictive housing locations). Grimes Unit's construction team welded Solid Steel Fixed Plate on the shower cells, which covers inmate's midsection, from lower chest to calf.

Additionally, this auditor requested to see a random selection of security logs, where GU documents "*Opposite Gender Announcements*" (OGA) for the 6th, 11th, 18th, 20th, and 27th of September, October and November 2025. GU's Deputy Warden/PREA Compliance Manager submitted the requested security logs and highlighted where OGA announcements were made on those specific requested days. The

	<p>documentation matched the activity and timeframe of entrance.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.16. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.16. An excerpt states, <i>“Each facility shall provide Offender education in formats accessible to all Offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for Offenders who have limited reading skills. Use of Offender interpreters for assistance in Offender education on aspects of the DOC’s efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment shall be prohibited except in circumstances where extended delay in obtaining an effective interpreter could compromise the Offender’s safety.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.16.</p> <p>While on site, this auditor interviewed ARDOC’s PREA Coordinator. She shared that translation services are provided through ARDOC courts, who can provide interpreters via ZOOM. During interviews with 10 direct supervision and supervisory staff, ten out of ten knew that they could utilize staff as interpreters, but none of them knew about translation access through ARDOC courts.</p> <p>Additionally, while on site, this auditor did observe PREA reporting postings throughout GU in English and Spanish. This auditor also reviewed the PREA Pamphlets in English and Spanish, as well as viewed PREA Inmate Education videos in English, Spanish, and closed captioned for the hearing impaired. This auditor interviewed 2 Limited English Proficient (LEP) inmates during the onsite visit. During the interviews, none recalled receiving a pamphlet or viewing the PREA video in Spanish.</p> <p>Furthermore, this auditor interviewed ARDOC’s contracted medical services provider’s (WellPath) Health Service Administrator. She shared that Wellpath has a contract with “Language Line Solutions” now “Voyce Global” to assist with medical and mental</p>

health translation services for GU inmates. This auditor was able to review Wellpath's contract and access code with "*Language Line Solutions*" as well as "*Voyce Global*." This auditor also tested the "*Language Line Solutions*" and "*Voyce Global*" numbers and access codes. Once Wellpath's access code was input, this auditor was provided access to a representative to assist with various language translations.

This auditor recommended GU provide a documented "*Refresher Comprehensive Inmate Education*" to all Limited English Proficient (LEP) (Spanish-speaking) inmates, utilizing the Spanish version of the "*PREA Education Video*," followed by reviewing the Spanish version of the "*PREA Offender Education*" checklist, then providing each LEP inmate with a Spanish version of the "*End the Silence*" Pamphlet.

This auditor also recommended that ARDOC establish a documented formal collaborative partnership with WellPath to allow the use of Wellpath's "*Language Line Solutions*" and/or "*Voyce Global*" as a formal language service for the GU staff to access when needed for GU LEP inmates. Once this documented collaboration is formalized/established or an independent formal language line service is established, this auditor recommends GU facilitate a "*Staff Training*" for all supervisory staff on the purpose and how to access the language line to assist with translation services for GU inmates as well as identifying the staff within the facility that speak Spanish that can translate when needed as well. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.16. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager submitted acknowledged and signed Spanish versions of ARDOC's "*PREA Offender Checklist*" from 6 inmates identified as Limited English Proficient (LEP). The "*PREA Offender Checklist*" was used to provide education to these LEP inmates after showing the Spanish version of the PREA education video.

Also, GU's Deputy Warden/PCM submitted their "*Security Meeting Training Agenda*," and sign-in sheets as evidence of "*Staff Refresher Training*." The "*Security Meeting Training*," entailed the training discussion minutes and staff attendance for NCU's A, B, and C Shifts. This training was conducted on 8/22/25 and 9/26/25 to ensure that all staff shifts and schedules receive the information. The training discussions included "PREA Grievances and Emergency PREA Grievances, Language Solutions Access for LEP Inmates, Opposite Gender Announcements and documentation in Security Logs, Cross Gender Searches, PREA Investigation should only be conducted by Specialized Trained PREA Investigators, and Victim Advocacy through "*Taylor's House*" dba *Family Violence Prevention Inc*. Finally, GU submitted their Memorandum of Understanding (MOU) with "*Taylor's House*" dba "*Family Violence Prevention Inc*."

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.16.

115.17	Hiring and promotion decisions
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1484 792">This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.17. Grimes Unit (GU) submitted their Arkansas Department of Corrections Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.17. An excerpt states, <i>“The DOC shall perform a criminal background record check before enlisting the services of any Contractor who may have contact with Offenders. b. The DOC shall conduct criminal background record checks at least every five years of current employees and Contractors who may have contact with Offenders.”</i></p> <p data-bbox="256 833 1484 904">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.17.</p> <p data-bbox="256 945 1452 1438">This PREA auditor interviewed ARDOC’s Human Resources Director. He shared that background checks are conducted on all employees and contractors. They further shared that background screenings include ACIC (Arkansas Crime Information Center), NCIC (National Crime Information Center) fingerprinting, Court Connect (Open Cases review system), and Employee reference Checks. When this auditor asked about conducting 5-year background checks (on employees and contractors) and <i>“PREA Affirming Acknowledgement Disclosures”</i> for employees, he shared that they have not been conducting background checks, at minimum, every 5 years of employees or contractors beyond their initial background checks. Furthermore, they have not been consistent in administering their <i>“PREA Affirming Acknowledgement Disclosures”</i> to all employees at hire, upon promotion, or as a part of performance reviews.</p> <p data-bbox="256 1478 1476 1930">While onsite, this auditor randomly selected 15 GU employee files from an HR Manager/Liaison. This auditor reviewed the randomly selected files and observed that 15 out of 15 reviewed files had the new background checks between 7/01/24 through 7/25/24 completed. These new background checks that were to be completed were a result of this auditor’s Agency Audit recommendation to ARDOC HR Director (at Headquarters), to conduct a sweeping background re-check of all ARDOC facility staff and contractors. This recommendation was to re-establish ARDOC’s consistency in conducting initial background checks, promotional background checks and background checks at least every 5 years. This auditor did however note that only 8 out of 15 files had fingerprints within the file to verify that such checks were ran as a standard part of the onboarding process.</p> <p data-bbox="256 1971 1476 2087">Additionally, this auditor verified that 15 out of 15 GU staff completed <i>“PREA Affirming Acknowledgement Disclosures”</i> between the dates of 7/01/24 through 7/25/24. These <i>“PREA Affirming Acknowledgement Disclosures”</i> are also a result of this</p>

auditor's Agency Audit recommendation to ARDOC HR Director (at Headquarters), to administer sweeping "PREA Affirming Acknowledgement Disclosures" to all ARDOC facility staff. This recommendation was to re-establish ARDOC consistency in requiring all staff to affirm/reaffirm that they have not engaged in previous misconduct under PREA Standard 115.17.

During this auditor's interview with the HR Manager/Liaison, this auditor asked how frequently these backgrounds are completed. The GU's HR Manager/Liaison stated that she follows the newly implemented HR procedures to ensure that initial, promotional and annual checks occur as well as a "PREA Affirming Acknowledgement Disclosure" is completed annually (per ARDOC's HR Director directive given in January 2025). The annual background check and "PREA Affirming Acknowledgement Disclosure" will be completed during annual performance review periods for each employee. Contractors also receive initial background checks every five years.

This auditor asked ARDOC PREA Coordinator (PC) if ARDOC discloses former employee substantiation of sexual abuse or sexual harassment. ARDOC's PC shared Arkansas' Statute on providing references to prospective employers which states, "A current or former employer may disclose the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

Date and duration of employment;

Current pay rate and wage history;

Job description and duties;

The last written performance evaluation prepared prior to the date of the request;

Attendance information;

Results of drug or alcohol tests administered within one (1) year prior to the request;

Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;

Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and

Whether the employee is eligible for rehire."

This auditor recommended that the Human Resources Manager/Liaison ensure that fingerprint verification is completed for each employee as a part of the onboarding process. This auditor also recommended that GU's HR Liaison establish a consistency in practice with the above-mentioned recommendation before compliance can be determined for this PREA Standard. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.17. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager and HR Manager/Liaison submitted complete fingerprint checks

	<p>of the 10 new hires, between 3/2025 through 11/2025, as requested by this auditor. Each of the new hire fingerprint cards was accompanied by a verification letter showing that they were processed and the results. GU's HR Manager/Liaison also submitted a "Memo" sharing, <i>"All security positions are fingerprinted at ARDOC's training academy. All non-security positions are fingerprinted at the DOC Headquarters or Admin. East. All staff needing CJIS are fingerprinted at the GU with proper identifying documentation."</i> Finally, GU HR Manager/Liaison submitted their most recent <i>"Employment Policy"</i> as supporting evidence of procedures required by all Human Resource Personnel, including site-based HR Managers/Liaisons.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.17.</p>
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115.18 Upgrades to facilities and technologies	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.18.</p> <p>While onsite, this auditor interviewed Grimes Unit (GU) Warden and Deputy Warden who shared that no upgrades for expansion occurred in the facility within the last three years. They currently have 158 exterior and interior cameras which are operational. This auditor also interviewed ARDOC's PREA Coordinator who also confirmed that facility expansion has not occurred. Finally, GU's Warden shared that GU considers their ability to protect inmates from sexual abuse when coordinating video monitoring implementation and placement. This auditor observed that each inmate within the facility is issued a tablet at no cost. Finally, this PREA auditor's site review will assist GU in identifying blind spot locations and needs for video monitoring.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.18.</p>

115.21 Evidence protocol and forensic medical examinations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.21. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.21. An excerpt states, *"In coordination with the outside facility, the designated Staff shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or other qualified medical practitioner. The efforts to provide SAFEs or SANEs shall be documented. The examination shall be at no cost to the Victim.*

Medical care and forensic medical examinations are separate and different procedures. The Victim shall have a right to refuse either. Victims may be encouraged but shall not be forced to consent to a forensic medical examination. However, the Victim may refuse consent to the forensic medical examination and still consent to and receive medical care.

The Victim shall be offered victim advocate services. If requested, the advocate service shall be contacted and given the appropriate information in order to assist the Victim through the forensic examination and investigation process."

This auditor also reviewed ARDOC's Coordinated Response Plan which states, "If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization, a DOC staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews. Their role is to provide emotional support, crisis intervention services, information, and referrals. Please contact your facility PCM for a list of qualified agency staff members."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and "Coordinated Response Plan," concluding that it has the necessary language to align with PREA Standard 115.21.

While onsite, this auditor interviewed GU's Deputy Warden/PREA Compliance Manager, who shared that they utilize the "Batesville Rape Crisis Center" when inmates are in need of emotional support or support if sexual abuse was to occur.

This auditor also reviewed an executed MOU between the Arkansas Department of Corrections and "Batesville Rape Crisis Center" (on November 25, 2024). The MOU specifically outlines their responsibilities which include, but not limited to, the utilization of certified rape crisis advocates when sexual abuse has been reported or emotional support if needed for a survivor of sexual abuse. Furthermore, the "Batesville Rape Crisis Center" would be present with victims of sexual abuse for forensic medical exams as well as offer the victim an opportunity to meet with a rape crisis advocate. Lastly, "Batesville Rape Crisis Center" would provide inmates 24-hour access to the rape crisis hotline at no cost to the inmate utilizing the inmate telephone system.

This auditor also interviewed WellPath's Health Service Administrator and Mental Health Supervisor who shared that GU transports victim inmates to "*White River Medical Center*" for Sexual Abuse Nurse Examinations/Sexual Abuse Forensic Examinations (SANE/SAFE). They further shared that the "*Batesville Rape Crisis Center*" provides certified rape crisis advocates who would provide emotional support at the "*White River Medical Center*" to GU sexual abuse victims needing to go out for SANE/SAFE services. Finally, GU utilizes the "*Arkansas State Police*" (ASP) for all PREA sexual abuse criminal investigations.

Additionally, while on site, this auditor interviewed a random selection of 41 GU inmates. When this auditor asked about their knowledge of victim advocacy services provided for inmates at GU, 0 out of the 41 inmates knew who the GU Victim Advocates were and were unaware that the advocates are for inmate victims of sexual abuse and emotional support for all GU inmates.

Furthermore, this auditor interviewed a random selection of 10 GU direct supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Many knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. Ten out of 10 interviewed direct supervision staff were able to share their duties to preserve the potential crime scene to preserve usable evidence. Finally, this auditor reviewed GU's training curriculum, which contained all the first responder duty deliverables within its information.

This auditor recommended that GU provide "*Refresher Victim Advocacy Training*" to all staff regarding the services provided by the "*Batesville Rape Crisis Center*." Staff should be made aware of who the "*Batesville Rape Crisis Center*" is, their purpose and role, and how GU inmates can access them if needed. This auditor also recommended that all GU inmates receive "*Refresher Victim Advocacy Education*" focused on informing inmates who the "*Batesville Rape Crisis Center*" is, their role and purpose, and how to access them if needed. Inmates should be aware that the "*Batesville Rape Crisis Center*" certified rape crisis advocates provide victim advocacy and emotional support to all GU inmates. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.21. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager submitted their "*Security Meeting Training Agenda*" and sign-in sheets as evidence of "*Staff Refresher Training*." The "*Security Meeting Training*," entailed the training discussion minutes and staff attendance for GU's A, B, and C Shifts. This training was conducted on 8/22/25 and 9/26/25 to ensure that all staff shifts and schedules receive the information. The training discussions included PREA Grievances and Emergency PREA Grievances, Language Solutions Access for LEP

	<p>Inmates, Opposite Gender Announcements and documentation in Security Logs, Cross Gender Searches, PREA Investigation should only be conducted by Specialized Trained PREA Investigators, and Victim Advocacy through <i>“Taylor’s House” dba “Family Violence Prevention Inc.”</i> GU also submitted their Memorandum of Understanding (MOU) with <i>“Taylor’s House” dba “Family Violence Prevention Inc.”</i></p> <p>Furthermore, this auditor’s request to see a random sample 45 GU inmate’s <i>“PREA Offender Education Checklist,”</i> as evidence of providing <i>“PREA Refresher Education”</i> to GU’s inmates. GU’s DW/PCM submitted the 45 initialed, acknowledged, and signed <i>“PREA Offender Education Checklist”</i> (PREA Inmate Comprehensive Education), as evidence of providing <i>“PREA Refresher Education”</i> to GU’s inmates. GU’s <i>“PREA Offender Education Checklist”</i> entailed education on GU’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at GU, external reporting through Arkansas Commission on Law Enforcement Standards and Training (CLEST), Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as victim advocacy education and available access through <i>“Taylor’s House” dba “Family Violence Prevention Inc.”</i></p> <p>Finally, GU’s Deputy Warden/PREA Compliance Manager submitted GU’s <i>“Inmate Morning Show”</i> layout of slides, as well as photo evidence of the <i>“Inmate Morning Show”</i> being played on the televisions inside the inmate housing barracks. GU’s <i>“Inmate Morning Show”</i> is a major avenue of disseminating and communicating information to all GU inmates. The continuously updated content provided on the <i>“Inmate Morning Show”</i> (slides #2-#11) provides PREA education to the inmate population via the TV system, in English and Spanish. The <i>“Inmate Morning Show”</i> also provides education concerning victim advocates, grievances, reporting avenues at GU, PREA Hotline, and the zero-tolerance policy concerning PREA, followed by a PREA Education video (slide #12). This auditor viewed the layout and PREA-related slides/video and concluded that they align with this PREA Standard.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.22. Grimes Unit (GU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> as evidence of compliance with PREA Standard 115.22. An excerpt states,</p>

"All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports.

A PREA investigation shall be initiated within twenty-four (24) hours of the incident upon report to the facility or DOC investigator or as soon as possible if referred for investigation to the Arkansas State Police (ASP). ASP shall be notified once the quality of evidence appears to support criminal prosecution.

Notifications for the purpose of an investigation shall be immediately made to the designated facility or DOC investigator. In addition, all allegations of Sexual Abuse that involve potentially criminal behavior shall be referred for criminal investigation to the Arkansas State Police (ASP)."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)," concluding that it has the necessary language to align with PREA Standard 115.22.

While onsite, this auditor also interviewed 2 GU Administrative PREA Investigators assigned to investigations. This auditor shared a scenario of an inmate being sexually assaulted in the shower, and asked, "What is the PREA Investigator's coordinated responsibilities?" All investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. The investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all interviewed PREA investigator's training transcript submitted by ARDOC's PREA Coordinator. These training transcripts verified the specialized training all ARDOC PREA investigators received training through ARDOC's 3-day "Sexual Abuse Investigation's Training." This auditor reviewed "ARDOC's Coordinated Response Plan," which aligned with ARDOC's PREA Investigator's interview responses.

Furthermore, ARDOC's PREA Coordinator shared that *Arkansas State Police (ASP)* is responsible for conducting PREA criminal investigations. This auditor verified this partnership through a call to ASP, who verified being the entity to conduct criminal investigations for ARDOC facilities. This auditor also reviewed ARDOC's "Coordinate Response Plan Manual." This manual describes the ARDOC's responsibilities when conducting PREA administrative investigations. Moreover, this auditor interviewed a random selection of 18 GU specialized and direct supervision staff, 18 of 18 responded confidently to their knowledge as first responders and coordinated response.

Finally, this auditor reviewed ARDOC's website (Prison Rape Elimination Act (PREA) - Arkansas Department of Corrections) and observed their PREA Investigations policy which states, *"All allegations of sexual abuse are taken seriously. The ARDOC accepts all reports of sexual abuse or sexual harassment whether made verbally, in writing, anonymously, or from third parties. All allegations will be thoroughly investigated by the PREA Coordinator. There is no time limit on when an incident of sexual abuse or sexual harassment can be reported."*

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.22.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.31. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.31. An excerpt states, <i>“Staff Training shall be tailored to be gender specific to the primary facility of each Staff member. All employees shall receive training annually in the following;</i></p> <ul style="list-style-type: none"> <i>i. The DOC’s zero-tolerance policy for Sexual Abuse and Sexual Harassment.</i> <i>ii. Their responsibilities of Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures.</i> <i>iii. Offenders’ right to be free from Sexual Abuse and Sexual Harassment.</i> <i>iv. The right of Offenders and Staff to be free from Retaliation for reporting Sexual Abuse and Sexual Harassment.</i> <i>v. The dynamics of Sexual Abuse and Sexual Harassment in confinement.</i> <i>vi. The common reactions of Sexual Abuse and Sexual Harassment victims.</i> <i>vii. How to detect and respond to signs of threatened and actual Sexual Abuse.</i> <i>viii. How to avoid inappropriate relationships with Offenders.</i> <i>ix. How to communicate effectively and professionally with an Offender, including LGBTI or GNC Offenders.</i> <i>x. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.”</i> <p><i>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.31.</i></p> <p>While onsite, this PREA auditor interviewed GU’s ACA Supervisor who shared that new hire staff go through two weeks of an “On the Job Training” course at the facility as well as four weeks in the Service Basic Training Academy where both areas train on PREA. He continued to share that security staff are also required to complete annual web-based PREA training. Additionally, he stated that they conduct shift briefings on different PREA topics to keep security staff abreast of responsibilities regarding PREA efforts within the facility. This auditor also interviewed ARDOC’s PREA Coordinator who shared that non-security staff (civilian, administrative, and/or support staff) are</p>

	<p>trained virtually by the PREA Coordinator once hired. The trainings are made available once a week (currently on Wednesdays).</p> <p>Moreover, this auditor interviewed 21 randomly selected direct supervision staff, specialized, support, volunteer, and contractors. The direct supervision, specialized, volunteers and contractors acknowledged receiving PREA New Hire and/or PREA initial training as well as participating in annual refresher trainings. This auditor also requested, received, and viewed the training files of the 10 randomly selected staff interviewed to verify up-to-date annual PREA training. The ACA Supervisor provided all files requested. Nine out of 10 employee trainings within GU were verified. One employee out of the ten chosen had a refresher PREA training present and had annual training scheduled. The training information showed each staff member's training verification of attendance either in-person or web-based training.</p> <p>This auditor also reviewed the classroom in-person Power Point employee training curriculum, the Power-Point volunteer/contractor training curriculum and the RELIAS web-based annual refresher training curriculum. The employee and volunteer Power Point content as well as the web-based training covered the necessary components identified in PREA Standard 115.31 specifically discussing zero tolerance, first responder duties, inmate rights, how to detect and respond as well as effectively communicating any incidents of sexual abuse and sexual harassment.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.31.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.32. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.32. An excerpt states, "All Volunteers and Contractors who have contact with Offenders shall be trained annually on the following:</p> <ul style="list-style-type: none"> <i>i. The DOC's policy of zero-tolerance regarding Sexual Abuse and Sexual Harassment and how to report such incidents.</i> <i>ii. Their responsibilities under the DOC's Sexual Abuse and Sexual Harassment policies and procedures.</i>

b. Training shall be based on the level and amount of contact the Volunteer or Contractor has with Offenders”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.32.

ARDOC’s PREA Coordinator submitted the “*PREA Contractor/Volunteer Training*” power point and “*Contractor/Volunteer Acknowledgement Form*” in OAS. The Power Point training had 36 slides that discussed the origins of PREA, protection from retaliation for reporting, the dynamics of sexual abuse in carceral settings, the responsibilities to prevent, detect, report and respond as volunteers/contractors and how to maintain professional communication with inmates. The power point training and acknowledgement form covered the components identified in PREA Standard 115.31 and 115.32.

While onsite, this PREA auditor interviewed GU’s HR Liaison/Manager and 5 randomly selected contractors and volunteers. Each acknowledged receiving PREA training and refresher training. All interviewed were able to thoroughly share their responsibilities if informed, observe, or gain knowledge of sexual abuse or sexual harassment. This auditor also interviewed a GU Chaplain Volunteer who shared that all “frequent volunteer/contractors” undergo a 2-day/16-hour training at ARDOC’s Academy before they receive an official volunteer badge. They shared that there are three levels of entry for certain volunteers. There are **OCV’s** (Occasional Citizen Volunteers) who come in periodically to serve and are always escorted by staff at the facility. There are **RCV’s** (Regular Citizen Volunteers) who receive 10 hours of additional training, they can be in the facility unescorted and require a badge after additional training is completed. The last level is the **CRA** (Certified Religious Assistant Volunteers) who receive 40 hours of additional training, are required to escort OCV volunteers and volunteer on a consistent basis. They shared that they receive quarterly training for which PREA is discussed. Volunteers also complete RELIAS web-based training annually. However, when this auditor requested the PREA training documentation of the 5 randomly selected volunteers, GU was unable to provide this auditor training verification in order to determine compliance.

Additionally, while onsite, the auditor interviewed GU’s HR Liaison/Manager and the Deputy Warden/PREA Compliance Manager. Both shared that they do require contractors who have minimal/infrequent interaction with inmates to sign a “*Arkansas Department of Corrections-Supervised Volunteer Acknowledgement Form*” prior to entry into the facility. This auditor was required to review and sign “*Arkansas Department of Corrections-Supervised Volunteer Acknowledgement Form*” upon entry into the facility for this PREA onsite audit. However, when this auditor requested GU to provide documented evidence that GU requires their “infrequent contractors or volunteers” to review and sign their “*Arkansas Department of Corrections-Supervised Volunteer Acknowledgement Form,*” GU was unable to provide verification of all “infrequent contractors” who have signed this form.

This auditor recommended that GU establish a consistent and documented practice of requiring all “infrequent contractors” and volunteers, who may have contact with GU

	<p>inmates, to review, acknowledge, and sign GU's "Arkansas Department of Corrections-Supervised Volunteer Acknowledgement Form" prior to/upon entry into GU. Infrequent contractors are identified as those contractors who enter for an individual/isolated job assignment, or short scheduled/time limited job assignments which may involve being in contact with inmates. This auditor also recommended that GU provide training certificates/documentation verifying that all "frequent volunteers" received annual and/or quarterly PREA refresher training. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.32. Corrective Action was required.</p> <p>During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager submitted their "2nd Quarterly Volunteer Training" agenda and accompanying volunteer sign-in sheets, as evidence of providing frequent GU volunteers PREA training. The agenda contained various topical agenda items, including "PREA Training and Acknowledgements." The volunteer training was provided on 6/26/25 and 6/28/25 to accommodate volunteer schedules. GU also submitted 2 signed "Arkansas Department of Corrections-Supervised Volunteer Acknowledgement Forms," of infrequent volunteers who've entered GU for a short, directed stint to provide a service. Finally, GU's Deputy Warden/PCM submitted photo evidence of the "PREA Volunteer Acknowledgement Forms" binder where all infrequent volunteer forms are maintained.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.32.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.33. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with 115.33. An excerpts states, "1. During the intake process and at each facility, each Offender shall receive oral and written information about the DOC's zero-tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment."</p>

2. *Each facility shall provide Offender education in formats accessible to all Offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for Offenders who have limited reading skills.*
3. *Use of Offender interpreters for assistance in Offender education on aspects of the DOC's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment shall be prohibited except in circumstances where extended delay in obtaining an effective interpreter could compromise the Offender's safety.*
4. *Each facility shall maintain documentation of participation in Offender education.*
5. *Each facility shall ensure that key information is continuously and readily available or visible to Offenders, such as posters and Offender handbook materials that explain the zero-tolerance policy and different ways to report."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.33.

While onsite, this auditor interviewed GU's Intake Sargent. He described the intake process when new inmates arrive at the facility. Inmates go through an intake process that includes a strip search, drug test, complete watching a short PREA video, hand out the PREA pamphlet, they review the "PREA Offender Education" form, and the PREA Risk screening is completed. This is a fairly new process for the facility. Currently, GU does not currently provide PREA comprehensive education. They shared that inmates do not leave this unit until those requirements have been completed.

This auditor discussed the components needed for both orientation and education. During this audit, an updated process was discussed which entailed inmates receiving PREA Orientation with a short PREA video (offering in English and Spanish), a copy of the PREA pamphlet that is read aloud and the signing of the "*Orientation Packet Acknowledgement Form*." Then within the 30-day period, PREA Education will ensue by inmates viewing the longer PREA Education video (Spanish and English), providing a question-and-answer session upon completion of the viewed video and reviewing & initialing ARDOC's "*PREA Offender Education Checklist*." The "*PREA Offender Education Checklist*" entailed GU's zero tolerance for sexual abuse/sexual harassment, inmate's rights, ways to report at GU, and access to victim advocacy and emotional support. Finally, the "*PREA Offender Education Checklist*" is signed by the staff providing the PREA education and the inmate acknowledging their receipt and understanding. This auditor informed the Intake Supervisor that it was important for inmates to have a PREA pamphlet in English or Spanish to refer to as well as the importance of the pamphlet information to be read to the GU inmates during the education process as some inmates have trouble reading and understanding. This auditor also shared that an updated PREA video was available and should be utilized at both PREA Intake and Education orientation periods.

This auditor also interviewed 41 randomly selected GU inmates. When this auditor asked each if they received PREA education during their intake, 12 out of 41 shared that they did receive PREA information. Nine out of 41 inmates shared that they did

not remember receiving PREA information or education and could not share details of their PREA education (video, brochure, or checklist review).

Finally, during the onsite review, this auditor observed that GU's PREA reporting signage was posted in English and Spanish. CLEST signage was also noted throughout the facility and in each barrack. This auditor noted that CLEST signage was recently placed inside the facility. ARDOC's PREA Coordinator shared that posters were approximately a 5th grade reading level placed at a height where those physically impaired can view. This was verified by this auditor.

This auditor recommended that all current GU inmates receive "*PREA Refresher Education*" which should entail: **1)** GU inmates viewing the updated PREA Education video; **2)** GU's facilitating staff read the "*PREA Offender Education Checklist*" to all inmates then have them to initial and sign acknowledgement; **3)** Review who the victim advocacy agency is, their purpose and how to get in touch with them; **4)** Share inmate access to CLEST, including address, and that such mail would be treated as legal mail (if the inmate wishes to be anonymous does not have to put their name or ID on the letter); and **5)** Give each GU inmate the "*End of Silence*" PREA pamphlet for them to keep containing information specific to the Grimes Unit.

This auditor also recommended that, (going forward) newly admitted inmates should receive "**PREA Information**" (upon arrival during GU's intake) in the following manner (or similar):

1. GU's assigned intake staff should show the intake inmates the most up to date "PREA Intake Video" (4-6 minutes long) in English or Spanish; then
2. GU's assigned intake staff should read the updated PREA pamphlet to all inmates.
3. GU's assigned intake staff give each GU inmate a PREA pamphlet for them to keep.
4. Finally, GU's assigned intake staff should have the inmates sign the "Orientation Packet Acknowledgement" form, verifying the inmate viewed the video, reviewed the PREA pamphlet, and the inmate understands the information.

Additionally, this auditor recommended that, going forward, within 30 days of each newly admitted inmate's intake at GU, GU should provide "**Comprehensive PREA Education**" in the following manner (or similar):

1. GU assigned intake staff should show the inmates the most up to date "*PREA Education Video*" (14-16 minutes long); then
2. GU's assigned intake staff should read the "*PREA Offender Education Checklist*" to inmates and have the inmates initial each section (to ensure understanding throughout, ask inmates if they understand and if they have any additional questions). They should also share inmate access to the "*Arkansas Commission on Law Enforcement Standards and Training*" (CLEST). CLEST is ARDOC's external reporting entity, who receives inmate and inmate

reports of sexual abuse. Inmates should be informed about this avenue for reporting, how to access it and that it is treated as legal mail (if the inmate wishes to be anonymous does not have to put their name or ID on the letter). They should also be told about victim advocacy, who the victim advocacy agency is and their purpose; then

3. Have each inmate sign the acknowledgement at the bottom of the "PREA Offender Education Checklist."
4. Properly file the "PREA Offender Education Checklist" as evidence of compliance

This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.33. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager submitted a "Memo" sharing GU's revised/updated PREA Education procedures which states, *"1. Upon arrival at the Grimes Unit, inmates are seen by medical staff and an initial PREA screening is completed. Inmates are scheduled for orientation in our electronic inmate tracking system (eOMIS) with a lay-in appointment. During the intake process and at each facility, each Offender shall receive oral and written information about the DOC's zero-tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment. On the Day of arrival laundry issues property and Unit Orientation documents the inmate will receive PREA pamphlets and educational documents. Inmate will receive Initial Risk assessment from Unit medical staff where the Intake PREA Education Video will be played.*

**If needed medical staff will send referrals to mental health through email so there is electronic proof of referral. This will occur if the inmate's assessment finds him as high risk or brings reason for caution. Mental Health will meet with inmate and document interaction in Case Notes.*

2. Within thirty (30) days of intake (but not before their 21st day) and at each facility, comprehensive education shall be provided to Offenders either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment, as well as from Retaliation for reporting such incidents; how to prevent Sexual Abuse and self-protection measures; treatment and counseling availability; and policies and procedures for responding to such incidents. Every Wednesday morning the lay-in list is printed and distributed to security staff and inmates are called to visitation at approx. 1:00 pm. The inmates are sat down in a group and are shown the 21-30 Day Comprehensive Education Video. After the video is complete, The PREA/ACA Corporal or the Classification Officer meets with the inmates one on one in a confidential and secure environment and performs the PREA screening questions. If any issues are found during reassessment, an email will be sent to Mental Health for follow-up."

Furthermore, this auditor’s request to see a random sample 40 GU inmate’s *“PREA Offender Education Checklist,”* as evidence of providing *“PREA Refresher Education”* to GU’s inmates. GU’s DW/PCM submitted the 40 initialed, acknowledged, and signed *“PREA Offender Education Checklist”* (PREA Inmate Comprehensive Education), as evidence of providing *“PREA Refresher Education”* to GU’s inmates. GU’s *“PREA Offender Education Checklist”* entailed education on GU’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at GU, external reporting through Arkansas Commission on Law Enforcement Standards and Training (CLEST), Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as victim advocacy education and available access through *“Taylor’s House” dba “Family Violence Prevention Inc.”* GU’s Deputy Warden/PREA compliance Manager also provided their English and Spanish version of their *“End the Silence”* Pamphlet, which was provided to each resident during refresher education and to all intakes to GU.

Finally, GU’s Deputy Warden/PREA Compliance Manager submitted GU’s *“Inmate Morning Show”* layout of slides, as well as photo evidence of the *“Inmate Morning Show”* being played on the televisions inside the inmate housing barracks. GU’s *“Inmate Morning Show”* is a major avenue of disseminating and communicating information to all GU inmates. The continuously updated content provided on the *“Inmate Morning Show”* (slides #2-#11) provides PREA education to the inmate population via the TV system, in English and Spanish. The *“Inmate Morning Show”* also provides education concerning victim advocates, grievances, reporting avenues at GU, PREA Hotline, and the zero-tolerance policy concerning PREA, followed by a PREA Education video (slide #12). This auditor viewed the layout and PREA-related slides/video and concluded that they align with this PREA Standard.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.33.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.34. Grimes Unit (GU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> as evidence of compliance with PREA Standard 115.34. An excerpt states, <i>“All employees who conduct Sexual Abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include:</i></p>

a. Interviewing techniques for Sexual Abuse Victims.

b. Proper use of Miranda and Garrity warnings.

c. Sexual Abuse evidence collection in confinement settings.

d. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.34.

While onsite, this auditor also interviewed 2 GU Administrative PREA Investigators assigned to investigations. This auditor shared a scenario of an inmate being sexually assaulted in the shower, and asked, “*What is the PREA Investigator’s coordinated responsibilities?*” All investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Finally, this auditor reviewed “ARDOC’s Coordinated Response Plan,” which aligned with ARDOC’s PREA Investigator’s interview responses.

Furthermore, GU’s investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed nine PREA investigator’s training transcripts/reports submitted by ARDOC’s PREA Coordinator. These training transcripts/reports verified the specialized training all ARDOC PREA investigators received training through ARDOC’s 3-day (24 hours) “*Sexual Abuse Investigation’s Training.*” This PREA auditor also reviewed ARDOC’s 6 module “*Sexual Abuse Investigation’s Training (SAIT)*” in OAS, as evidence of compliance. All modules covered the necessary topics related to PREA’s investigation standards. The modules topics are as follows:

1) Legal Issues and Liability

2) PREA Standards for Investigations

3) 1st Responder Duties

4) Medical & Mental Health Care

5) Evidence Collection and

6) PREA Investigations: “Adult Interviewing and Report Writing.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.34.

115.35	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.35. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" #1D-03 as evidence of compliance with PREA Standard 115.35. An excerpt states, *"All full and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training on the following:*

a. How to detect and assess signs of Sexual Abuse and Sexual Harassment.

b. How to preserve physical evidence of Sexual Abuse.

c. How to respond effectively and professionally to Victims of Sexual Abuse and Sexual Harassment.

d. How and to whom to report allegations or suspicions of Sexual Abuse and Sexual Harassment."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.35.

While on site, this auditor conducted an exhaustive site review/tour of GU and observed the medical triage area. This auditor interviewed WellPath's Health Service Administrator (HSA) and Mental Health Supervisor who shared that all medical and mental health professionals within the facility complete PREA initial/new hire training through WellPath's "WellPath Academy" training course. WellPath staff also receive annual refresher training through RELIAS web-based training.

Furthermore, WellPath's HSA shared she was not aware of the specialized training needed for all medical and mental health staff. ARDOC's PREA Coordinator shared that WellPath recently created PREA specialized trainings addressing the Medical and Mental Health role when working with inmates in confinement settings. This auditor reviewed the *"Medical Care for Sexual Assault Victims in Confinement Settings"* and the *"Behavioral Health Care for Sexual Assault Victims in a Confinement Setting"* trainings which have all the components to align with this 115.35 PREA Standard. The curriculum contained 35 slides for Medical and 29 slides for the Mental Health teams that provided comprehensive education on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims and how and whom to report allegations or suspicions of sexual abuse and harassment. This auditor requested all staff verification of attendance to the specialized training but was informed that all trainings are due by WellPath staff by April 2025.

This auditor recommended that all WellPath Medical and Mental Health staff complete Medical and Mental Health PREA Specialized Training in **RELIAS** and provide

	<p>documented verification that all medical and mental health staff have taken the training. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.35. Corrective Action was required.</p> <p>During Grimes Unit’s (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC’s PREA Coordinator (PC) and GU’s Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator developed/created a PREA specialized Power Point training, addressing the Medical and Mental Health role when working with inmates in confinement settings. ARDOC’s Medical and Mental Health contractor Wellpath, made this training a part of their required “Wellpath Academy” annual online trainings. ARDOC’s PREA Coordinator This auditor reviewed the PPT trainings titled, <i>“ARDOC Medical Specialized Training for PREA”</i> and <i>“ARDOC Mental Health Specialized Training for PREA.”</i></p> <p>This auditor reviewed both trainings whose components align with PREA Standard 115.35. The curriculum contains 35 slides for Medical staff and 29 slides for the Mental Health staff, focused on 1) how to detect and assess signs of sexual abuse and harassment, 2) how to preserve physical evidence, 3) how to respond effectively and professionally to victims, and 4) how and whom to report allegations or suspicions of sexual abuse and harassment. Finally, GU’s Deputy Warden/PCM submitted transcripts, showing 38 GU Medical (34) and Mental Health (4) staff having completed <i>“ARDOC Medical Specialized Training for PREA”</i> and <i>“ARDOC Mental Health Specialized Training for PREA.”</i></p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.41. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.41. An excerpt states, <i>“Each Offender shall be assessed during the intake screening within seventy-two (72) hours of arrival and upon each transfer to another facility. Each objective risk screening shall be face to face and include a review of any history of Sexual Abuse-</i></p>

Victimization or sexually predatory behavior. Only Staff who have completed PREA screening training may administer the assessment.

The assessment report shall be completed in the Electronic Offender Management Information System (eOMIS). The PREA screening shall consider, at a minimum, the following criteria to assess an Offender for risk of sexual victimization:

- a. Whether the Offender has a mental, physical, or developmental disability;*
- b. The age of the Offender;*
- c. The physical build of the Offender;*
- d. Whether the Offender has previously been incarcerated;*
- e. Whether the Offender's criminal history is exclusively nonviolent;*
- f. Whether the Offender has prior convictions for sex offenses against an adult or child;*
- g. Whether the Offender is or is perceived to be LGBTI or GNC;*
- h. Whether the Offender has previously experienced sexual Victimization; and*
- i. The Offender's own perception of vulnerability.."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.41.

While on site, this auditor reviewed the PREA Risk Screening tool in ARDOC's "eOmis" system (electronic offender management system). After combing through the risk assessment tool, this auditor observed that any inmate screened having history of sexual victimization are automatically identified as "high risk of victimization" by the system. However, when any inmate screened having history of sexual abusiveness/perpetration, they are not automatically identified as "high risk of abusiveness/perpetration" by the system. The system requires two additional categorical question boxes to be checked before the screened inmate would be identified as "high risk of abusiveness/perpetration." On 5/1/25, ARDOC's PREA Coordinator sent this auditor video evidence showing that ARDOC's contractor who manages their "eOmis" system made the calibration corrections to their PREA Risk Screening Tool.

Furthermore, when this auditor asked GU's Intake Supervisor about GU's Initial PREA Screening process as well as their "30-day PREA Risk Screening Reassessments," they shared that the initial PREA Risk Screening Assessments occurs at intake. They further shared that it was a new process that was implemented recently. They continued to share being unaware of the standard requiring them to complete a PREA Risk Reassessment within 30 days of arrival to the facility and therefore will initiate an effort to complete these screenings for all inmates currently housed at GU. The auditor discussed the need to meet with all new inmates who went through the intake process within 21-30 days to ensure that all inmates receive a "30-day PREA Risk Screening Reassessments" as a part of GU's new process moving forward.

Moreover, while onsite, this auditor interviewed a total of 41 GU inmates. This auditor asked each if they recalled being asked specific screening questions when they arrived (this auditor detailed the specific questions that were asked). There were 15 out of the 41 interviewed inmates who shared that they did recall being asked those specific screening questions. There were 5 out of the 41 interviewed inmates who shared that they could recall being asked these similar screening questions again (30-day Reassessments). Further, when this auditor asked the GU inmates the nature of the setting, they were asked questions in, each shared that they were asked those questions in private away from other inmates. Twenty-six out of 41 inmates could not recall being asked these intake questions during the intake period. Finally, this auditor requested to see "Initial PREA Risk Screenings" and the "30-Day PREA Reassessments" of the 41 randomly selected interviewed inmates in "eOmis," GU was unable to provide this auditor any completed "PREA Risk Screenings."

This auditor recommended that GU establish a documented system that ensures that all GU inmates receive the "Initial PREA Risk Screening" during the intake period followed by a "30-day PREA Risk Screening Reassessment" within 21 to 30-days of their intake to GU. Moreover, this auditor recommended GU establish a consistency in practice of conducting the initial PREA Risk Screening during the intake period, the "30-day PREA Risk Screening Reassessment" within 21-30 days of intake as well as any other warranted "PREA Risk Reassessments" (based upon any additional, relevant information received by the facility since the intake screening) before compliance can be concluded. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.41. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to see the "Initial PREA Risk Screenings" and "PREA Risk Reassessments" of 45 randomly selected inmates, to ensure that inmates are receiving both risk screenings. GU's Deputy Warden/PREA Compliance Manager submitted the 45 requested documentation for the 45 randomly selected GU inmates, to verify that PREA Risk Screenings have been completed for all GU inmates. The reviewed inmates' documentation showed that 45 out of 45 GU inmates received an "Initial PREA Risk Screening," as well as received their "PREA Risk Screening Reassessment."

Additionally, GU's Deputy Warden/PREA Compliance Manager submitted a "Memo" (dated 11/21/25), sharing GU's revised/updated PREA Education procedures which states, "**1.** Upon arrival at the Grimes Unit, inmates are seen by medical staff and an initial PREA screening is completed. Inmates are scheduled for orientation in our electronic inmate tracking system (eOMIS) with a lay-in appointment. During the intake process and at each facility, each Offender shall receive oral and written information about the DOC's zero-tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment. On the Day of arrival laundry issues property and Unit Orientation documents the inmate will receive PREA pamphlets and educational documents.

Inmate will receive Initial Risk assessment from Unit medical staff where the Intake PREA Education Video will be played.

**If needed medical staff will send referrals to mental health through email so there is electronic proof of referral. This will occur if the inmate's assessment finds him as high risk or brings reason for caution. Mental Health will meet with inmate and document interaction in Case Notes.*

2. Within thirty (30) days of intake (but not before their 21st day) and at each facility, comprehensive education shall be provided to Offenders either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment, as well as from Retaliation for reporting such incidents; how to prevent Sexual Abuse and self-protection measures; treatment and counseling availability; and policies and procedures for responding to such incidents. Every Wednesday morning the lay-in list is printed and distributed to security staff and inmates are called to visitation at approx. 1:00 pm. The inmates are sat down in a group and are shown the 21-30 Day Comprehensive Education Video. After the video is complete, The PREA/ACA Corporal or the Classification Officer meets with the inmates one on one in a confidential and secure environment and performs the PREA screening questions. If any issues are found during reassessment, an email will be sent to Mental Health for follow-up."

Finally, ARDOC's PREA Coordinator submitted a "Memo" to this auditor affirming that the Office of the PREA coordinator will commence to conducting quarterly checks to strengthen compliance monitoring and oversight. An excerpt from ARDOC's PC's "Memo" states, "To strengthen PREA compliance oversight and provide ongoing support to all DOC-operated facilities, the Office of the PREA Coordinator will begin conducting Quarterly PREA Compliance Monitoring Reports effective September 1st, 2025.

Scope of Review:

Each quarterly review will include the following components:

1. PREA Screening Reviews – A minimum of 20 PREA Screenings will be reviewed for accuracy, completeness, and timeliness.

2. Offender Education – Verification of Offender PREA Education Acknowledgment Forms for compliance with required delivery and documentation standards.

3. Sexual Abuse Investigation Documentation – Review of the following required documents for all applicable sexual abuse cases:

- Retaliation Monitoring Assessments*
- Victim Notification Forms*
- Sexual Abuse Incident Reviews (SAIRs)*

Reporting Process:

- *The Office of the PREA Coordinator will compile a written report summarizing the findings for each facility.*
- *The report will be sent to both the PCM and the Warden to assist in tracking progress, identifying areas for improvement, and recognizing areas of excellence.*
- *Facilities will receive both an overall compliance score and individual scores by standard using the following scale:*

Score Rating Description

1. *Poor*
2. *Needs Improvement*
3. *Meets Expectations*
4. *Exceeds Expectations*

The purpose of this initiative is to provide consistent, structured feedback to ensure compliance with PREA Standards, strengthen facility practices, and maintain the highest level of inmate safety and staff accountability.”

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.41.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.42. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.42. An excerpt states, “If an Offender scores “at risk” for victimization, the designated Staff shall label them as Victim Prone in eOMIS.</p> <p><i>If an Offender scores “at risk” for abusiveness, the designated staff shall label them as a Potential Sexual Predator in eOMIS.</i></p> <p><i>The information from the PREA screening shall be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those Offenders who are prone to sexual Victimization from those who are prone to sexual aggression. The facility PCM is responsible for ensuring such separation.</i></p>

Placement decisions regarding Transgender and Intersex Offenders shall be individualized."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)," concluding that it has the necessary language to align with PREA Standard 115.42.

While on site, this auditor interviewed the Intake Sergeant and Classification Officer who shared that before an inmate is placed at GU, Classification looks at their background history, disciplinary history, initial PREA Screening to determine if they are "victim prone" or a "high risk for perpetration" and ensures that there are no current "enemy alerts" with other inmates within certain barracks. Due to GU just starting their new process of completing "*Initial PREA Risk Screenings*" the most updated screening is not considered at the time of bed assignment, programming and housing. This auditor discussed the importance of ensuring that the "*Initial PREA Risk Screening*," conducted during GU's intake, is utilized to ensure and confirm that inmates who are "victim prone" inmates who are potential perpetrators are kept separated.

This auditor recommended that GU's Intake Sergeant and/or Classification Officer utilize their completed "*Initial PREA Risk Screening*" to assist and inform them on how they complete housing, bedding, work, and programming determinations. This auditor also recommended the Intake Sergeant and/or Classification Officer (or whoever is placing inmates in housing, programming, etc.) develop a documented way to show how GU considers the "*Initial PREA Risk Screening*" results in their decision to house, bed, education, work, and program their inmates with the goal of keeping separate those inmates who are screened as "Victim Prone" from those who are screened at high risk of sexual perpetration. Finally, this auditor recommended consistency in this practice before compliance can be determined. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.42. Corrective Action was required.

During Grime Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager shared with this auditor how GU's Classification team makes decisions, based on their "*Initial PREA Risk Screening*" results. They shared the once the PREA Screening is completed in the "*eOmis*" system, inmates who screen to be "victim-prone" and/or "high risk of perpetration/abusiveness" are automatically flagged in "*eOmis*." This then disallows those two categories of inmates to be housed in the same housing locations, unless a written explanatory override by a supervisory staff is completed and signed. This "*eOmis*" override then notifies the facility's Warden of the action taken. Additionally, GU's DW/PCM further shared that if there is no other option to placing a victim-prone offender in the same barrack that houses a potential predator, the victim-prone offender will be assigned to a bed (rack) that:

	<ol style="list-style-type: none"> 1. Is close to and in clear view of a facility camera 2. Is not physically close to a potential sexual predator, and 3. Is physically close and in clear view of the barrack's officer's station <p>Job and program assignments are made using the same goal of keeping offenders who are prone to sexual victimization away from those who are prone to sexual aggression whenever possible.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.42.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.43. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.43. An excerpt states, <i>"Victims of Sexual Abuse or those at high risk for abuse shall not be placed in involuntary protective custody or segregation unless all available alternatives have been assessed and documented and are not available. The facility may only hold the Offender for twenty-four (24) hours in involuntary segregation while completing the assessment, and if the placement has to continue, must document why there are no other available alternatives and provide access to programs, education, work, and other privileges to the extent possible."</i></p> <p>This auditor reviewed "ARDOC's Secretarial Directive (2024-02)," concluding that it has the necessary language to align with PREA Standard 115.43.</p> <p>While on site, this auditor interviewed GU's Warden, Deputy Warden and the Classification Officer. All individually and consistently shared that involuntary protective custody/restricted housing is not used for inmates who screen to be at risk of sexual victimization. Additionally, they shared that inmates are placed in barracks that are classified to have lower institutional risk or transferred to another facility (if necessary). This auditor also interviewed 41 randomly selected inmates. Each inmate shared that GU does not place them in protective custody or restricted housing based on the outcome of the PREA Risk Screening.</p> <p>Furthermore, during this auditor's site review/tour, this auditor informally interviewed a random selection of 2 inmates in restrictive housing at GU. Each individually shared</p>

	<p>that they were not placed in restricted housing/segregation because of the outcome of their “<i>PREA Risk Screening.</i>” Finally, this auditor conducted an exhaustive site review/tour and confirmed that their restricted housing is utilized only for disciplinary behavior sanctions.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.43.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.51. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.51. An excerpt states, “<i>Offenders may report Sexual Abuse and Sexual Harassment, Retaliation by other Offenders or Staff, and Staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:</i></p> <ul style="list-style-type: none"> <i>a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i> <i>b. Telling any Staff member;</i> <i>c. Writing a note or request to any Staff member;</i> <i>d. Sending correspondence to the PREA Coordinator;</i> <i>e. Sending correspondence to the designated external agency;</i> <i>f. Sending confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated as legal mail;</i> <i>g. Utilizing the Offender Grievance Procedure; or</i> <i>h. Having a family member or friend make a report to the Warden or DOC PREA Coordinator.</i> <p><i>An Offender may report a sexual offense to any Staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously, or via a third party.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02),” concluding that it</p>

has the necessary language to align with PREA Standard 115.51.

Additionally, while onsite, this PREA auditor interviewed a random selection of 41 GU inmates asking, *“Please share with me at least 4 different ways an inmate can report an incident of sexual abuse or sexual harassment here at GU?”* There were 14 of 41 who shared 4 various ways, 14 out of 41 could share 3 various ways to report and 13 out of 41 reported fewer than 2 ways to report. Many of the 41 total inmates interviewed stated different staff names to report versus various reporting avenues/ways to report at GU. When this auditor asked the 41 interviewees about an external way for an inmate to report and anonymously, 8 out of the 41 reported they could report to the Arkansas *“Commission on Law Enforcement Standards and Training (CLEST).”*

This auditor also reviewed ARDOC’s Memorandum of Understanding (MOU) with Arkansas *“Commission on Law Enforcement Standards and Training (CLEST).”* CLEST is ARDOC’s external reporting entity, who receives inmate and inmate reports of sexual abuse. CLEST receives mail-in reports then immediately forwards all reports to ARDOC’s PREA Coordinator. This auditor reached out to CLEST and spoke to a representative, who verified the MOU, as well as CLEST’s responsibilities to receive and immediately forward reports of sexual abuse by an ARDOC inmate of inmate.

When this auditor conducted an exhaustive site review/site review/tour, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish. This auditor also observed GU’s CLEST reporting signage posted on the walls.

This auditor recommended that all current GU inmates receive in-person *“Refresher Education”* which should consist of showing the updated PREA video, followed by education on GU’s zero tolerance policy, inmates right to be free from sexual abuse and sexual harassment, ways to report, where to report, explaining GU’s external reporting access through CLEST, who the victim advocate agency is, what happens after reporting a PREA incident, what to expect in the investigation process, retaliation monitoring frequency as well as outcome notifications for sexual abuse investigation conclusions. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.51. Corrective Action was required.

During Grimes Unit’s (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and GU’s Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to see a random sample of 40 GU inmate’s *“PREA Offender Education Checklist,”* as evidence of providing *“PREA Refresher Education”* to current GU’s inmates. GU’s Deputy Warden/PREA Compliance Manager submitted the 40 initialed, acknowledged, and signed *“PREA Offender Education Checklist”* (PREA Inmate Comprehensive Education), as evidence of providing *“PREA Refresher Education”* to GU’s inmates. GU’s *“PREA Offender Education Checklist”* entailed education on GU’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to

	<p>report at GU, external reporting through Arkansas Commission on Law Enforcement Standards and Training (CLEST), Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as victim advocacy education and available access through <i>"Taylor's House" dba "Family Violence Prevention Inc."</i> GU's Deputy Warden/PREA Compliance Manager also provided their English and Spanish version of their "End the Silence" Pamphlet, which was provided to each resident during refresher education and to all intakes to GU.</p> <p>Finally, GU's Deputy Warden/PREA Compliance Manager submitted GU's <i>"Inmate Morning Show"</i> layout of slides, as well as photo evidence of the <i>"Inmate Morning Show"</i> being played on the televisions inside the inmate housing barracks. GU's <i>"Inmate Morning Show"</i> is a major avenue of disseminating and communicating information to all GU inmates. The continuously updated content provided on the <i>"Inmate Morning Show"</i> (slides #2-#11) provides PREA education to the inmate population via the TV system, in English and Spanish. The <i>"Inmate Morning Show"</i> also provides education concerning victim advocates, grievances, reporting avenues at GU, PREA Hotline, and the zero-tolerance policy concerning PREA, followed by a PREA Education video (slide #12). This auditor viewed the layout and PREA-related slides/video and concluded that they align with this PREA Standard.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.51.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.52. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.52. An excerpt states, <i>"Offenders may report Sexual Abuse and Sexual Harassment, Retaliation by other Offenders or Staff, and Staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:</i></p> <ul style="list-style-type: none"> <i>a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i> <i>b. Telling any Staff member;</i> <i>c. Writing a note or request to any Staff member;</i>

d. Sending correspondence to the PREA Coordinator;

e. Sending correspondence to the designated external agency;

f. Sending confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated as legal mail;

g. Utilizing the Offender Grievance Procedure; or

h. Having a family member or friend make a report to the Warden or DOC PREA Coordinator.

An Offender may report a sexual offense to any Staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously, or via a third party."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and has concluded that it has the necessary language to align with PREA Standard 115.52.

While onsite, this auditor interviewed GU's Grievance Officer, who shared that she checks the grievance box daily. She further shared that she is the only GU personnel (civilian) who has access to the "Grievance Box." If a PREA related grievance is received, it is responded to immediately as opposed to going through a "problem solver" and the steps to address the inmate's concern as a part of their normal grievance process. She stated that all grievances are documented in the eOmis system after the highest-ranking officer on duty is notified of the nature of the grievance. The Grievance Officer shared that she understood her duty to report immediately upon receipt of a PREA grievance which would be considered an "emergency grievance."

Furthermore, this auditor observed six "Grievance Boxes" in each barrack. There was also a grievance box in medical. This auditor placed a grievance request in the box to observe the time required to respond to an inmate grievance request. The Grievance Officer called promptly the next day stating receipt of the grievance. During interviews with direct care staff, 5 out of 10 knew that a grievance is a PREA reporting avenue for inmates.

Additionally, while onsite, this PREA auditor interviewed a random selection of 41 GU inmates asking, "Please share with me at least four different ways an inmate can report an incident of sexual abuse or sexual harassment here at GU?" There were 14 of 41 who shared 4 various ways, 14 out of 41 could share 3 various ways to report and 13 out of 41 reported fewer than 2 ways to report. Many of the 41 total inmates interviewed stated different staff names to report versus various reporting avenues/ways to report at GU. When this auditor asked the 41 interviewees the purpose of the "Grievance Box," each inmate shared that the "Grievance Box" is a 2-step informal and formal process for inmates and staff to remedy unfair treatment. There were only 10 out of the 41 inmates shared that the "Grievance Box" was an avenue to report PREA incidents.

This auditor recommended that GU provide documented "Refresher Education" to all

GU inmates focused on the purpose of grievances, reporting PREA grievances, the process of reporting PREA grievances, how to access grievances, who is responsible for retrieving grievances, and that PREA grievances are handled as emergency grievances and are immediately investigated upon receipt. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.52. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to see a random sample of 40 GU inmate's "PREA Offender Education Checklist," as evidence of providing "PREA Refresher Education" to current GU's inmates. GU's Deputy Warden/PREA Compliance Manager submitted the 40 initialed, acknowledged, and signed "PREA Offender Education Checklist" (PREA Inmate Comprehensive Education), as evidence of providing "PREA Refresher Education" to GU's inmates. GU's "PREA Offender Education Checklist" entailed education on GU's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at GU, external reporting through Arkansas Commission on Law Enforcement Standards and Training (CLEST), PREA Grievance and Emergency PREA Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as victim advocacy education and available access through "Taylor's House" dba "Family Violence Prevention Inc." GU's Deputy Warden/PREA Compliance Manager also provided their English and Spanish version of their "End the Silence" Pamphlet, which was provided to each resident during refresher education and to all intakes to GU.

Finally, GU's Deputy Warden/PREA Compliance Manager submitted GU's "Inmate Morning Show" layout of slides, as well as photo evidence of the "Inmate Morning Show" being played on the televisions inside the inmate housing barracks. GU's "Inmate Morning Show" is a major avenue of disseminating and communicating information to all GU inmates. The continuously updated content provided on the "Inmate Morning Show" (slides #2-#11) provides PREA education to the inmate population via the TV system, in English and Spanish. The "Inmate Morning Show" also provides education concerning victim advocates, grievances, reporting avenues at GU, PREA Hotline, and the zero-tolerance policy concerning PREA, followed by a PREA Education video (slide #12). This auditor viewed the layout and PREA-related slides/video and concluded that they align with this PREA Standard.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.52.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.53. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.53. An excerpt states, "*Victim Advocacy Training - Employees designated to provide victim advocacy for Offenders when a community-based organization is not available must receive approved training as indicated for Victim advocates.*"

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and has concluded that it has the necessary language to align with PREA Standard 115.53.

This auditor also reviewed ARDOC's Coordinated Response Plan which states, "*If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization, a DOC staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews. Their role is to provide emotional support, crisis intervention services, information, and referrals. Please contact your facility PCM for a list of qualified agency staff members.*"

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and "Coordinated Response Plan" concluding that they have the necessary language to align with PREA Standard 115.53.

While onsite, this auditor interviewed GU's Deputy Warden/PREA Compliance Manager, who shared that they utilize the "*Batesville Rape Crisis Center*" when inmates are in need of emotional support or support if sexual abuse was to occur.

This auditor also reviewed an executed MOU between the Arkansas Department of Corrections and "*Batesville Rape Crisis Center*" (on November 25, 2024). The MOU specifically outlines their responsibilities which include, but not limited to, the utilization of certified rape crisis advocates when sexual abuse has been reported or emotional support if needed for a survivor of sexual abuse. Furthermore, the "*Batesville Rape Crisis Center*" would be present with victims of sexual abuse for forensic medical exams as well as offer the victim an opportunity to meet with a rape crisis advocate. Lastly, "*Batesville Rape Crisis Center*" would provide inmates 24-hour access to the rape crisis hotline at no cost to the inmate utilizing the inmate telephone system.

While on site, this auditor interviewed a random selection of 41 GU inmates. When this auditor asked about their knowledge of victim advocacy services provided for inmates at GU, 0 out of the 41 inmates knew who the GU Victim Advocates were and were unaware that the advocates are for inmate victims of sexual abuse and emotional support for all GU inmates.

This auditor recommended that GU provide "*Refresher Victim Advocacy Training*" to all staff regarding the services provided by the "*Batesville Rape Crisis Center.*" Staff should be made aware of who the "*Batesville Rape Crisis Center*" is, their purpose

and role, and how GU inmates can access them if needed. This auditor also recommended that all GU inmates receive *"Refresher Victim Advocacy Education"* focused on informing inmates who the *"Batesville Rape Crisis Center"* is, their role and purpose, and how to access them if needed. Inmates should be aware that the *"Batesville Rape Crisis Center"* certified rape crisis advocates provide victim advocacy and emotional support to all GU inmates. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.53. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, GU's Deputy Warden/PREA Compliance Manager submitted their *"Security Meeting Training Agenda"* and sign-in sheets as evidence of *"Staff Refresher Training."* The *"Security Meeting Training,"* entailed the training discussion minutes and staff attendance for GU's A, B, and C Shifts. This training was conducted on 8/22/25 and 9/26/25 to ensure that all staff shifts and schedules receive the information. The training discussions included PREA Grievances and Emergency PREA Grievances, Language Solutions Access for LEP Inmates, Opposite Gender Announcements and documentation in Security Logs, Cross Gender Searches, PREA Investigation should only be conducted by Specialized Trained PREA Investigators, and Victim Advocacy through *"Taylor's House" dba "Family Violence Prevention Inc."* GU also submitted their Memorandum of Understanding (MOU) with *"Taylor's House" dba "Family Violence Prevention Inc."*

Furthermore, this auditor's request to see a random sample 45 GU inmate's *"PREA Offender Education Checklist,"* as evidence of providing *"PREA Refresher Education"* to GU's inmates. GU's DW/PCM submitted the 45 initialed, acknowledged, and signed *"PREA Offender Education Checklist"* (PREA Inmate Comprehensive Education), as evidence of providing *"PREA Refresher Education"* to GU's inmates. GU's *"PREA Offender Education Checklist"* entailed education on GU's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at GU, external reporting through Arkansas Commission on Law Enforcement Standards and Training (CLEST), Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as victim advocacy education and available access through *"Taylor's House" dba "Family Violence Prevention Inc."*

Finally, GU's Deputy Warden/PREA Compliance Manager submitted GU's *"Inmate Morning Show"* layout of slides, as well as photo evidence of the *"Inmate Morning Show"* being played on the televisions inside the inmate housing barracks. GU's *"Inmate Morning Show"* is a major avenue of disseminating and communicating information to all GU inmates. The continuously updated content provided on the *"Inmate Morning Show"* (slides #2-#11) provides PREA education to the inmate population via the TV system, in English and Spanish. The *"Inmate Morning Show"* also provides education concerning victim advocates, grievances, reporting avenues at GU, PREA Hotline, and the zero-tolerance policy concerning PREA, followed by a PREA Education video (slide #12). This auditor viewed the layout and PREA-related

	<p>slides/video and concluded that they align with this PREA Standard.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.53.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.54. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.54. An excerpt states, <i>“Offenders may report Sexual Abuse and Sexual Harassment, Retaliation by other Offenders or Staff, and Staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:</i></p> <ul style="list-style-type: none"> <i>a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i> <i>b. Telling any Staff member;</i> <i>c. Writing a note or request to any Staff member;</i> <i>d. Sending correspondence to the PREA Coordinator;</i> <i>e. Sending correspondence to the designated external agency;</i> <i>f. Sending confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated as legal mail;</i> <i>g. Utilizing the Offender Grievance Procedure; or</i> <i>h. Having a family member or friend make a report to the Warden or DOC PREA Coordinator.</i> <p><i>An Offender may report a sexual offense to any Staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously, or via a third party.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.54.</p> <p>This auditor also reviewed the third-party reporting option for contracted ARDOC</p>

facilities through the ARDOC's website (Prison Rape Elimination Act (PREA) - Arkansas Department of Corrections) which states, "If you wish to report an alleged incident of sexual assault, sexual abuse, sexual misconduct or sexual harassment on behalf of an offender you may:

Report directly to the AR DOC facility where the offender is housed:

To find contact information for all AR DOC facilities, click the button below.

AR DOC Facilities

Report by mail:

*DOC Headquarters Attn: PREA Coordinator
1302 Pike Ave., Suite C
North Little Rock, AR 72114*

Report by phone:

Fill out the form below:

PREA Reporting Form..."

This auditor submitted a "test third-party report" on ARDOC's website and the ARDOC's PREA Coordinator promptly reached out and responded to the report.

However, while on site, this auditor interviewed a random selection of 41 inmates, asking of ways a GU inmate could report sexual abuse or sexual harassment. There were only 10 out of 41 who responded that they could report through a 3rd Party. This auditor also reviewed GU's "End the Silence" PREA pamphlet, which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting inmate).

This auditor recommended that inmates receive "Refresher Education" focused on 3rd party reporting, who are 3rd party reporters and how a 3rd party reporter could submit a PREA report on behalf of an inmate. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.54. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to see a random sample of 40 GU inmate's "PREA Offender Education Checklist," as evidence of providing "PREA Refresher Education" to current GU's inmates. GU's Deputy Warden/PREA Compliance Manager submitted the 40 initialed, acknowledged, and signed "PREA Offender Education Checklist" (PREA Inmate Comprehensive Education), as evidence of providing "PREA Refresher Education" to GU's inmates. GU's "PREA Offender Education Checklist" entailed education on GU's zero tolerance

	<p>policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at GU, external reporting through Arkansas Commission on Law Enforcement Standards and Training (CLEST), PREA Grievance and Emergency PREA Grievance reporting, 3rd Party Reporting on behalf of a GU inmate, PREA allegations will be investigated, as well as victim advocacy education and available access through <i>"Taylor's House" dba "Family Violence Prevention Inc."</i> GU's Deputy Warden/ PREA Compliance Manager also provided their English and Spanish version of their <i>"End the Silence"</i> Pamphlet, which was provided to each resident during refresher education and to all intakes to GU.</p> <p>Finally, GU's Deputy Warden/PREA Compliance Manager submitted GU's <i>"Inmate Morning Show"</i> layout of slides, as well as photo evidence of the <i>"Inmate Morning Show"</i> being played on the televisions inside the inmate housing barracks. GU's <i>"Inmate Morning Show"</i> is a major avenue of disseminating and communicating information to all GU inmates. The continuously updated content provided on the <i>"Inmate Morning Show"</i> (slides #2-#11) provides PREA education to the inmate population via the TV system, in English and Spanish. The <i>"Inmate Morning Show"</i> also provides education concerning victim advocates, grievances, reporting avenues at GU, PREA Hotline, and the zero-tolerance policy concerning PREA, followed by a PREA Education video (slide #12). This auditor viewed the layout and PREA-related slides/video and concluded that they align with this PREA Standard.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.54.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.61. Grimes Unit (GU) submitted their Arkansas Department of Correction's Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.61. An excerpt states, <i>"Staff members shall immediately report all knowledge, suspicions, or information of an incident of a sexual offense within DOC or any other correctional facility. They shall also report any Retaliation against someone who has reported such an incident and any knowledge of Staff who neglect to report the above incidents or who, through neglect of duty or violation of responsibilities, may have contributed to an incident occurring. Staff can privately report Offender Sexual Abuse and Sexual Harassment directly to the warden or deputy warden of the facility, or by contacting the PREA Hotline."</i></p>

	<p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.61.</p> <p>While onsite, this auditor also interviewed 21 randomly selected GU specialized staff, direct supervision staff, volunteers, and contractors. Each knew their duty to immediately report if they are informed, suspects, receive information, or become aware of sexual abuse at GU. Finally, this auditor interviewed 41 randomly selected inmates. Each interviewed inmate shared that staff immediately respond to reports of sexual abuse or sexual harassment. Finally, this auditor reviewed ARDOC’s website and Coordinated Response Plan, which provided information to inmates on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential reporting.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.61.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.62. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.62. An excerpt states, <i>“If at any time it is learned that an Offender is subject to a substantial risk of imminent Sexual Abuse, immediate action shall be taken to protect the Offender.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.62.</p> <p>While onsite, this auditor also interviewed 21 randomly selected GU specialized staff, direct supervision staff, volunteers and contractors, asking the question, <i>“If you learn that an inmate may be at imminent risk of sexual abuse, what steps would you take to protect?”</i> There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff/GU’s PREA Compliance Manager, recommending changing barrack assignments or programming adjustments. Finally, this auditor interviewed 41 randomly selected inmates. Each interviewed inmate shared that staff protect vulnerable inmates, and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.62.</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1485 748">This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.63. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.63. An excerpt states, <i>“Within seventy-two (72) hours of receiving an allegation that an Offender was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the incident occurred.</i></p> <p data-bbox="256 788 1469 904"><i>The notification shall be documented. All allegations received from other facilities shall be investigated in accordance with the PREA Standards. The incident report and investigation shall be completed by the facility where the incident occurred.”</i></p> <p data-bbox="256 945 1445 1016">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.63.</p> <p data-bbox="256 1057 1485 1594">While on site, this auditor interviewed GU’s Warden and asked if GU received any reports from inmates within the last 12 months. He shared that GU had not received a report from an inmate alleging sexual abuse at their previous facilities within the last year, but while this auditor was onsite the Warden received a report from another facility regarding an incident that occurred at the GU facility several years ago. GU’s Warden shared the procedures regarding his reporting and handling process. The GU Warden stated that if a report of sexual abuse came from an inmate regarding another facility, GU’s specialized trained PREA Investigators would provide support to the previous facility investigators throughout the investigation if such a report was received. GU’s Warden demonstrated understanding and practice of the process. This auditor discussed the timeline if a GU inmate reports sexual abuse that occurred at a previous facility and that GU is responsible to provide a written notice to the facility within 72 hours by either herself or the designee.</p> <p data-bbox="256 1635 1461 1917">GU submitted a fillable template memo that ARDOC utilizes to <i>“Report to Other Confinement Facility”</i> as evidence of compliance. This template memo aligns with PREA Standard 115.63. This memo can be used by GU’s Warden to inform other confinement facility heads of sexual abuse incidents which occurred at a previous confinement facility and were reported by a GU inmate. Finally, this auditor interviewed 41 randomly selected inmates. No interviewed inmates shared that they reported being a victim of unreported sexual abuse at a previous facility.</p> <p data-bbox="256 1957 1422 2029">This PREA auditor concludes that the Grimes Unit (GU) is in compliance with PREA Standard 115.63.</p>

115.64	Staff first responder duties
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1485 792">This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.64. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.64. An excerpt states, <i>“Upon learning that an Offender was sexually abused, the Staff member shall immediately ensure the safety of the Victim while reporting the information to the shift supervisor. The shift supervisor shall activate the Coordinated Response Plan and ensure the following steps have been taken:</i></p> <ul style="list-style-type: none"> <li data-bbox="304 831 975 866"><i>a. The separation of the Victim and Perpetrator.</i> <li data-bbox="256 904 1430 978"><i>b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.</i> <ul style="list-style-type: none"> <li data-bbox="256 1016 1385 1090"><i>i. The only persons permitted to enter a secured crime scene shall be Arkansas State Police, the assigned investigator, or medical Staff as needed.</i> <li data-bbox="256 1128 1406 1202"><i>ii. The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.</i> <li data-bbox="256 1240 1469 1404"><i>c. If the abuse occurred within the previous ninety-six (96) hours, request that the Victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;</i> <li data-bbox="256 1442 1477 1606"><i>d. If the abuse occurred within the previous ninety-six (96) hours, ensure that the Perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;</i> <li data-bbox="304 1644 1366 1680"><i>e. The PREA checklist will be initiated immediately by the First Responder.”</i> <p data-bbox="256 1711 1445 1785">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.64.</p> <p data-bbox="256 1823 1453 2069">While onsite, this auditor interviewed a random selection of 10 GU security supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Ten out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. Ten out of 10 interviewed</p>

	<p>security supervision staff were able to share their duties to preserve the potential crime scene to preserve usable evidence without this auditor’s prompt. All staff discussed what first responder duties as well as crime scene preservation in terms of requesting inmates not to change clothing, use the toilet, or shower. Finally, this auditor reviewed GU’s training curriculum, which contained all the first responder duty deliverables within its information.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.64.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.65. Grimes Unit (GU) submitted their “Arkansas Department of Corrections Coordinated Response Plan (24 pages)” as evidence of compliance with PREA Standard 115.65. The coordinated response spells out each ARDOC staff, contractor, community hospital and related agency’s roles in responding to ARDOC inmate sexual abuse. An excerpt states, <i>“Updates to the PREA Coordinated Response Plan must be approved by the DOC PREA Coordinator. Any revisions not approved by the DOC PREA Coordinator will be violating Secretarial Directive 2024-02. For update inquiries, please email DOCPREASUPERVISOR@doc.arkansas.gov.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.65.</p> <p>While onsite, this auditor interviewed 8 specialized staff (medical, mental health, facility supervisory, PREA Compliance Manager, Investigators, etc.) and asked their coordinated responsibilities if an inmate is sexually abused while they are on duty (not the 1st Responder) and an active sexual abuse incident occurred. Each specialized staff and contractor staff knew their coordinated responsibilities.</p> <p>Furthermore, this auditor interviewed a random selection of 10 GU security supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Ten out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. Ten out of 10 interviewed security supervision staff were able to share their duties to preserve the potential crime scene to preserve usable evidence without this auditor’s prompt. When</p>

	<p>discussing first responder duties all staff knew to preserve usable evidence within a crime scene in terms of requesting inmates not to change clothing, use the toilet, brush teeth or shower. Finally, this auditor reviewed GU's training curriculum, which contained all the first responder duty deliverables within its information.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.65.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.66.</p> <p>This PREA Auditor did not receive any pre-audit documents by Grimes Unit (GU), to be reviewed to determine compliance with Standard 115.66. This PREA Auditor interviewed ARDOC Secretary (Agency Head), ARDOC Chief of Staff (Designee), ARDOC's PREA Coordinator and the Warden of GU. Each individually affirmed that Arkansas is not a union state, and ARDOC is not a union agency. They further shared that ARDOC and GU have not engaged in collective bargaining on their agency's behalf or renewed any collective bargaining agreement or other agreement. Additionally, during this auditor's interview with 8 randomly selected specialized and 10 direct supervision staff members, they were asked if they were union employees and all employees stated that they were non-union employees.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files</p>

reviewed and observations to determine compliance for Standard 115.67. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.67. An excerpt states, "*Retaliation by or against any Staff, Offender, or witness involved in a complaint or report of Sexual Abuse or Sexual Harassment is strictly prohibited. Retaliation, in and of itself, shall be investigated and may constitute grounds for disciplinary action.*"

1. *The PCM at each facility shall be responsible for monitoring Retaliation.*
2. *Monitoring shall occur for at least ninety (90) days following an allegation of Sexual Abuse or Sexual Harassment. Monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need. Monitoring shall cease if the investigation determines that the allegation is Unfounded.*
3. *When monitoring Offenders, periodic status checks shall be conducted by the PCM as needed, but at least once every thirty (30) days. Status checks shall be conducted more often if concerns are expressed by the Offender.*
4. *Emotional support services shall be provided as well as appropriate measures taken to protect any individual who expresses a fear of Retaliation."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.67.

While on site, this auditor interviewed 2 GU Administrative PREA Investigators, who are designated to conduct PREA investigations. Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and evidentiary standards for administrative PREA investigations. This auditor requested a random selection of 5 PREA Investigator's Specialized Training through ARDOC's "*Sexual Abuse Investigation's Training (SAIT)*". GU provided 9 certificates for all current investigators on staff.

This auditor also interviewed ARDOC's PREA Coordinator (PC), who shared that each facility's PREA Compliance Manager (PCM) is primarily responsible for completing and documenting initial, 30-, 60-, and 90-day retaliation monitoring in ARDOC's "*eOmis*" (*electronic offender management information system*). However, PCM can assign retaliation monitoring to another GU site staff. ARDOC's PC further shared that she sends email reminders (with 30, 60, or 90 retaliation monitoring forms attached) to all PCMs at the commencement of the investigation.

This auditor requested completed investigations within the past 12 months, to gain insight into GU's PREA Investigator reporting style and investigation content. This auditor reviewed 10 randomly selected PREA investigations (5 Sexual Harassment and 5 Sexual Abuse). While reviewing each selected completed investigation packet, this auditor identified that 7 of 10 of both harassment and sexual abuse investigation files had "*Initial Retaliation Monitoring*" completed/documented. In reviewing Arkansas Department of Corrections' Retaliation Monitoring form, it included: documented initial retaliation monitoring check, face-to-face check-ins (with inmate signature), documentation of program reviews, and disciplinary report reviews. The

alleged victims and alleged perpetrators are asked if they wanted to speak to mental health and are given an opportunity to sign the retaliation form.

Finally, this auditor interviewed 41 randomly selected GU inmates asking, *“Have you reported or has there been any reports of sexual abuse of sexual harassment at GU since you’ve been here?”* Forty-one inmates stated that they had not reported sexual abuse while at GU.

This auditor recommended that *“Retaliation Monitoring”* forms be completed for all investigated PREA allegations/incidents. All retaliation monitoring should start with *“Initial Retaliation Monitoring.”* Retaliation monitoring forms should be with the investigation packet for verification. This auditor also recommended GU establish consistency in practice before compliance can be determined. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.67. Corrective Action was required.

During Grimes Unit’s (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC’s PREA Coordinator (PC) and GU’s Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to review 10 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC’s PREA Coordinator submitted the 10 requested PREA Investigations which occurred during this Corrective Action Period (5 SA and 5 SH PREA investigations) (2 substantiated inmate on inmate sexual harassment; 3 unsubstantiated inmate on inmate sexual harassment; 1 unfounded inmate on inmate sexual abuse, 2 unsubstantiated inmate on inmate sexual abuse, 1 substantiated inmate on inmate sexual abuse, and 1 substantiated staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 10 reviewed investigation reports had a detailed summary of the investigation, accompanied by *“Retaliation Monitoring”* documentation, and documented *“PREA Investigation Determination Cover Sheet”* (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being *“unsubstantiated,” “substantiated,”* or *“unfounded”*). The 5 sexual abuse (substantiated, unsubstantiated, and unfounded) investigations had signed/completed *“Notice of PREA Investigation Status”* (inmate notifications). The 4 substantiated and unsubstantiated sexual abuse investigation had completed and signed *“Sexual Abuse Incident Review”* team meetings documentation attached.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.67.

115.68	Post-allegation protective custody
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	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.68. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” and #3A-18 as evidence of compliance with PREA Standard 115.68. An excerpt states, <i>“Victims of Sexual Abuse or those at high risk for abuse shall not be placed in involuntary protective custody or segregation unless all available alternatives have been assessed and documented and are not available. The facility may only hold the Offender for twenty-four (24) hours in involuntary segregation while completing the assessment, and if the placement has to continue, must document why there are no other available alternatives and provide access to programs, education, work, and other privileges to the extent possible.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.68.</p> <p>While on site, this auditor interviewed GU’s Warden and Deputy Warden/PREA Compliance Manager. During these interviews, there was a consensus that if an inmate reported sexual abuse, that according to GU’s coordinated response would be to separate the victim and perpetrator, protect the identified victim and promptly secure the perpetrator until the conclusion of the investigation.</p> <p>During this auditor’s site review/tour, this auditor informally interviewed a random selection of 3 inmates in restrictive housing at GU. Each individually shared that they were not placed in restricted housing/segregation because of reporting a “PREA Incident.” Finally, this auditor conducted an exhaustive site review/tour and confirmed that their restricted housing is mainly utilized for disciplinary behavior sanctions.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.68.</p>
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115.71	<p>Criminal and administrative agency investigations</p> <hr/> <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied</p>
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upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.71. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.71. An excerpt states, an excerpt states, *"All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports. A PREA investigation shall be initiated within twenty-four (24) hours of the incident upon report to the facility or DOC investigator or as soon as possible if referred for investigation to the Arkansas State Police (ASP). ASP shall be notified once the quality of evidence appears to support criminal prosecution.*

Investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of Sexual Abuse involving the suspected Perpetrator, and investigative facts and findings. All investigations shall be consistent with the most updated version of the Coordinated Response Plan."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.71.

This PREA auditor also reviewed ARDOC's "Coordinated Response Plan," which discusses the conduct of Administrative PREA Investigations. Excerpts from ARDOC's "Coordinated Response Plan" ARDOC's "Coordinated Response Plan," states,

INVESTIGATIONS:

PREA Investigator: The PREA investigator shall follow the following process to investigate allegations of sexual abuse:

1) Initiate the PREA investigation process within 24 hours or as circumstances dictate.

a. Gather and preserve physical and DNA evidence and available electronic monitoring data.

b. Interview victims, perpetrators, and witnesses.

i. Ask the victim if they would like a victim advocate or qualified staff member to provide emotional support PRIOR to interviewing.

c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

d. Assess the credibility of victims, perpetrators, and witnesses on an individual basis and not by the person's status as adult in custody or staff.

2) Investigative report must include the following:

a. Description of the physical and testimonial evidence

b. Reasoning behind credibility assessment

c. Investigative facts and findings

3) Ensure all reports, evidence, and documentation are uploaded to eOMIS and referred to the PREA compliance manager at the completion of the investigation.

PREA Compliance Manager: Upon notification of an incident of sexual abuse, the PREA Compliance Manager shall complete the following duties:

1) Correspond with a victim advocate or qualified advocate if the victim would like emotional support during the investigative process.

2) Ensure the investigator assigned has completed Sexual Abuse Investigation Training (SAIT).

3) In allegations of sexual abuse by staff, contractor, or volunteer, consult the allegation with Warden to determine a course of action.

a. Separation of perpetrator from the victim.

i. Administrative leave

ii. Post reassignment Facility reassignment (if reasonable)

4) Monitor and provide technical resources to the PREA investigator.

5) Initiate retaliation monitoring ("Retaliation Assessment Form").

6) Review all documentation included in the investigative packet and refer the incident to the warden for further review.

Warden: Upon notification of an alleged incident of sexual abuse, the warden shall:

1) Ensure separation between the victim and perpetrator.

2) Forward all sexual abuse investigations to Internal Affairs for review and further investigation.

PREA Coordinator: Upon notification of an incident of sexual abuse, the PREA Coordinator shall complete the following duties:

1) Review investigative packet to ensure compliance with policy and standards.

2) Ensure all information in eOMIS is input accurately.

While on site, this auditor interviewed 2 GU Administrative PREA Investigators, who are designated to conduct PREA investigations. Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and evidentiary standards for administrative PREA investigations. This auditor requested a random selection of 5 PREA Investigator's Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)." GU provided 9 certificates for all

current investigators on staff.

Additionally, while onsite, this auditor requested to see a random selection of completed PREA Administrative Investigations within the last 12 months. This auditor reviewed 10 PREA investigations from the past 12 months at GU (5 Sexual Abuse; 5 Sexual Harassment). The content within the file had a structured order to conduct a proper review. The investigation reports had a summary of the investigation provided, along with a PREA investigation outcomes "Cover Sheet" (which ARDOC uses to share the outcomes of the PREA Administrative Investigation) to identify the preponderance of evidence determination/outcome (unsubstantiated, substantiated, or unfounded).

This auditor interviewed ARDOC's PREA Coordinator, GU's Warden, Deputy Warden/PCM, and Facility PREA Administrative Investigators. Each shared that prior to this auditor's previous recommendations to ARDOC's PREA Coordinator and Internal Affairs Division to revise ARDOC's PREA Investigations structure, all sexual abuse and sexual harassment investigation were automatically referred to ARDOC's Internal Affairs Division (IAD). IAD would re-review each PREA investigation, conduct further investigation (if needed), and make the final determination (along with other non-PREA-related investigations). This auditor believes that due to IAD's small team size, as well as the influx of PREA allegations referred to IAD from 28 ARDOC facilities statewide (along with IAD's other non PREA-related investigations), this significantly delayed the outcomes/determinations of PREA investigations. This also slowed ARDOC facilities' ability to return staff back to work assignments (when allegations are investigated and determined to be unfounded or unsubstantiated) and delayed the facility's timely responses back to inmate victims of sexual abuse. Furthermore, according to ARDOC's PREA Coordinator and ARDOC's Internal Affairs Division (IAD), PREA investigations at ARDOC facilities could last up to 60 days (or more) for administrative investigations. This auditor believed this is far too long for PREA administrative investigations. This auditor could understand this length of time for sexual abuse allegation, which is criminal and involves the *Arkansas State Police (ASP)*.

This auditor recommended that non-criminal PREA Administrative Investigations be conducted by the ARDOC facility's Specialized Trained PREA Administrative investigators, reviewed by the facility's PCM/Warden, then final determination submitted by ARDOC's PREA Coordinator (rather than go up to IAD for final review). ARDOC's Internal Affairs should solely be involved in potential/criminal related PREA investigations. Finally, ARDOC's previous secretarial directive Secretarial Directive (2024-02) stated, *"All PREA investigations shall be referred to the PCM, PREA Coordinator, and Warden or their designee for review and approval upon completion. Once approved by the Warden or designee, they shall be referred to Internal Affairs for final review."* In response, on 2/4/2025, ARDOC's PREA Coordinator submitted ARDOC's revised "PREA Secretarial Directive (SD 2025-01)" which now states, *"All PREA investigations shall be referred to the PCM, PREA Coordinator, and Warden or their designee for review and approval upon completion. Once approved by the Warden or designee, they shall be referred to Internal Affairs for final review if there is a finding of potential criminal activity by the PREA Coordinator."*

This auditor also recommended ARDOC's Internal Affairs Division (IAD) cease requiring inmates who allege sexual abuse to submit to IAD administered CVSA "voice stress test" (polygraph examination or other truth-telling devices) or be disciplined. Additionally, ARDOC's IAD should make it clear in their policy, procedures, and practices that inmates who allege sexual abuse are not required to take IAD's CVSA "voice stress test." In response, on 2/4/2025, ARDOC's PREA Coordinator submitted ARDOC's revised "Internal Affairs Secretarial Directive (SD 2025-02)" which now states, "All incidents (excluding incidents involving PREA investigations) as defined in Administrative Rule 005, or a Department Policy, will be investigated, or reviewed by the Internal Affairs Division, which will report directly to the Secretary of Corrections... All incidents involving PREA investigations shall be reviewed in accordance with the procedures dictated in the current PREA Secretarial Directive."

Finally, this auditor recommended that GU establish a period of consistency in practice of following/adhering to the above-mentioned revised Secretarial Directives (SD 2025-01 & SD 2025-02) for investigations, as well as its procedures, before compliance with this PREA standard can be determined. This auditor also recommended that GU cease using staff that have not received specialized training to conduct PREA Administrative Investigations. Moreover, this auditor recommended that any staff assigned to conduct PREA Administrative Investigations should receive specialized "Sexual Abuse Investigation Training" (SAIT) before conducting such investigations. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.71. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to review 10 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC's PREA Coordinator submitted the 10 requested PREA Investigations which occurred during this Corrective Action Period (5 SA and 5 SH PREA investigations) (2 substantiated inmate on inmate sexual harassment; 3 unsubstantiated inmate on inmate sexual harassment; 1 unfounded inmate on inmate sexual abuse, 2 unsubstantiated inmate on inmate sexual abuse, 1 substantiated inmate on inmate sexual abuse, and 1 substantiated staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 10 reviewed investigation reports had a detailed summary of the investigation, accompanied by "Retaliation Monitoring" documentation, and documented "PREA Investigation Determination Cover Sheet" (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being "unsubstantiated," "substantiated," or "unfounded"). The 5 sexual abuse (substantiated, unsubstantiated, and unfounded) investigations had signed/completed "Notice of PREA Investigation Status" (inmate notifications). The 4 substantiated and unsubstantiated sexual abuse investigation had completed and

	<p>signed “Sexual Abuse Incident Review” team meetings documentation attached.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.72. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” #1A-27 as evidence of compliance with PREA Standard 115.72. An excerpt states, <i>“No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of Sexual Abuse or Sexual Harassment are Substantiated for administrative investigations.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.72.</p> <p>This PREA auditor also reviewed ARDOC’s “Coordinated Response Plan,” which is a written prescription of the actions and conduct of all ARDOC facility level and agency level staff involved in incidents of sexual abuse and sexual harassment (amongst staff first responders, medical and mental health practitioners, investigators, and facility leadership). Excerpts from ARDOC’s “Coordinated Response Plan” states,</p> <p>DETERMINATION OF FINDINGS:</p> <p><i>All sexual abuse allegations will receive an Internal Affairs investigation. The Internal Affairs Administrator, Deputy Director, Director, and Secretary will determine the investigative outcome for all sexual abuse investigations. There are three potential investigative outcomes for sexual abuse investigations:</i></p> <ol style="list-style-type: none"> 1. Substantiated: Allegation was determined to have occurred 2. Unsubstantiated: Investigation produced insufficient evidence to make a final determination 3. Unfounded: Allegation was determined to not have occurred” <p>While on site, this auditor interviewed 2 GU Administrative PREA Investigators, who are designated to conduct PREA investigations. Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and</p>

evidentiary standards for administrative PREA investigations. This auditor requested a random selection of 5 PREA Investigator's Specialized Training through ARDOC's "*Sexual Abuse Investigations Training (SAIT)*." GU provided 9 certificates for all current investigators on staff.

This auditor requested to see a random selection of completed PREA Administrative Investigations within the last 12 months. This auditor reviewed 10 PREA investigations from the past 12 months at GU (5 Sexual Abuse; 5 Sexual Harassment). The content within the file had a structured order to conduct a proper review. The investigation reports had a summary of the investigation provided, along with a PREA investigation outcomes "Cover Sheet" (which ARDOC uses to share the outcomes of the PREA Administrative Investigation) to identify the preponderance of evidence determination/outcome (unsubstantiated, substantiated, or unfounded).

Moreover, during GU's onsite PREA audit closeout debriefing meeting with ARDOC's PC, GU's Warden, Deputy Warden, ACA Manager, Captain and Major, this auditor made some recommendations. This auditor recommended that ARDOC revise their "*PREA Investigation Determination Cover Sheet*" to align with their "Secretarial Directive (2024-02)," their "Coordinated Response Plan," and this PREA Standard. ARDOC's "*PREA Investigation Determination Cover Sheet*" should only have "unsubstantiated," "substantiated," or "unfounded" as the preponderance of evidence options. This auditor also discussed the conflicting determination outcomes.

On 2/4/2025, ARDOC's PC submitted ARDOC's revised "*PREA Investigation Determination Cover Sheet*" (on ARDOC letterhead), to align with their "Secretarial Directive (2024-02) and "Coordinated Response Plan" as evidence of compliance with this PREA Standard 115.272. The revised ARDOC "*PREA Investigation Determination Cover Sheet*" only identifies "Unsubstantiated," "Substantiated," or "Unfounded" as the preponderance of evidence options, to align with this PREA Standard. ARDOC also revised the process so that the PREA Coordinator will complete a final review of the investigation to determine preponderance of evidence to ensure that the outcome aligns with PREA Standards of Administrative investigations.

This auditor recommended GU establish a period of consistency in practice of ensuring that each concluded PREA Administrative Investigation packet has a completed "*PREA Investigation Determination Cover Sheet*," before a determination of compliance can be concluded for the PREA Standard. This PREA auditor concluded that Grimes Unit was not in compliance with PREA Standard 115.72. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to review 10 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC's PREA Coordinator submitted the 10 requested PREA Investigations which occurred during this Corrective

	<p>Action Period (5 SA and 5 SH PREA investigations) (2 substantiated inmate on inmate sexual harassment; 3 unsubstantiated inmate on inmate sexual harassment; 1 unfounded inmate on inmate sexual abuse, 2 unsubstantiated inmate on inmate sexual abuse, 1 substantiated inmate on inmate sexual abuse, and 1 substantiated staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.</p> <p>Additionally, the 10 reviewed investigation reports had a detailed summary of the investigation, accompanied by <i>“Retaliation Monitoring”</i> documentation, and documented <i>“PREA Investigation Determination Cover Sheet”</i> (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being <i>“unsubstantiated,” “substantiated,”</i> or <i>“unfounded”</i>). The 5 sexual abuse (substantiated, unsubstantiated, and unfounded) investigations had signed/ completed <i>“Notice of PREA Investigation Status”</i> (inmate notifications). The 4 substantiated and unsubstantiated sexual abuse investigation had completed and signed <i>“Sexual Abuse Incident Review”</i> team meetings documentation attached.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.72.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.73. Grimes Unit (GU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” #1A-27</i> as evidence of compliance with PREA Standard 115.73. An excerpt states, <i>“The Victim shall be informed within thirty (30) days of the conclusion of the investigation.”</i></p> <p><i>It shall be documented when the:</i></p> <ul style="list-style-type: none"> <i>a. Allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded.</i> <i>b. Perpetrator is no longer posted within the Victim’s unit.</i> <i>c. Perpetrator is no longer employed. d. Perpetrator has been indicted or convicted on a charge related to the Sexual Abuse.</i>

The obligation to inform the Victim shall terminate if they are released from custody."

This PREA auditor also reviewed ARDOC's "Coordinated Response Plan," which is a written prescription of the actions and conduct of all ARDOC facility level and agency level staff involved in incidents of sexual abuse and sexual harassment (amongst staff first responders, medical and mental health practitioners, investigators, and facility leadership). Excerpts from ARDOC's "Coordinated Response Plan" offender notification sections states,

OFFENDER NOTIFICATION

PREA Coordinator: Upon notification of an investigative outcome of sexual abuse, the PREA Coordinator shall complete the following duties:

1) Send notification of the investigative outcome ("Sexual Abuse Notification Form") to the PREA Compliance Manager.

PREA Compliance Manager: Upon notification of an investigative outcome of sexual abuse, the PREA Compliance Manager shall complete the following duties:

2) Ensure victim receives notification of their sexual abuse investigative outcome provided by the PREA Coordinator."

While on site, this auditor interviewed 2 GU Administrative PREA Investigators, who are designated to conduct PREA investigations. Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and evidentiary standards for administrative PREA investigations. This auditor requested a random selection of 5 PREA Investigator's Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)." GU provided 9 certificates for all current investigators on staff.

This auditor requested to see a random selection of completed PREA Administrative Investigations within the last 12 months. This auditor reviewed 10 PREA investigations from the past 12 months at GU (5 Sexual Abuse; 5 Sexual Harassment). The content within the investigation report had a structured order, supporting documents/statements, camera footage (if available), and had an overall summary, conclusion and recommendation. The investigation reports also had "PREA Investigation Determination Cover Sheets" (which ARDOC uses to share the outcomes of the PREA Administrative Investigation) to identify the preponderance of evidence determination/outcome (unsubstantiated, substantiated, or unfounded). However, 0 out of the 5 reviewed (3 substantiated, 1 unsubstantiated and 1 unfounded) sexual abuse investigations had "Notice of Investigation Status" (inmate notification) within the investigation files. According to PREA Standard 115.73 (a): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

This auditor recommended that GU's PREA Compliance Manager ensure that each inmate victim receive a *"Notice of PREA Investigation Status"* immediately at the conclusion of the PREA Investigation (whether substantiated, unsubstantiated or unfounded). This *"Notice of PREA Investigation Status"* should be signed and be a part of the completed/concluded PREA Administrative Investigation paperwork/ packet. Finally, this auditor recommends GU establish a consistency in practice of ensuring that inmates who allege sexual abuse receive a *"Notice of PREA Investigation Status"* of the outcome of their PREA investigation before compliance can be determined for the PREA Standard. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.73. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to review 10 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC's PREA Coordinator submitted the 10 requested PREA Investigations which occurred during this Corrective Action Period (5 SA and 5 SH PREA investigations) (2 substantiated inmate on inmate sexual harassment; 3 unsubstantiated inmate on inmate sexual harassment; 1 unfounded inmate on inmate sexual abuse, 2 unsubstantiated inmate on inmate sexual abuse, 1 substantiated inmate on inmate sexual abuse, and 1 substantiated staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 10 reviewed investigation reports had a detailed summary of the investigation, accompanied by *"Retaliation Monitoring"* documentation, and documented *"PREA Investigation Determination Cover Sheet"* (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being *"unsubstantiated," "substantiated,"* or *"unfounded"*). The 5 sexual abuse (substantiated, unsubstantiated, and unfounded) investigations had signed/ completed *"Notice of PREA Investigation Status"* (inmate notifications). The 4 substantiated and unsubstantiated sexual abuse investigation had completed and signed *"Sexual Abuse Incident Review"* team meetings documentation attached.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.76. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.76. An excerpt states, <i>“a. Staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies.</i></p> <p><i>b. Termination shall be the presumptive disciplinary sanction for Staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.</i></p> <p><i>c. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the Staff member’s disciplinary history.</i></p> <p><i>d. All terminations for Sexual Abuse, or resignations of Staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.76.</p> <p>While on site, this auditor interviewed GU’s Warden who shared that GU’s response for substantiated outcomes of staff sexual abuse and sexual harassment investigations can range in various forms of disciplinary actions, up to termination and criminal referral. This auditor also interviewed ARDOC’s PREA Coordinator, who shared that once ARDOC’s Internal Affairs concludes/affirms that the investigation is substantiated for staff sexual abuse, they take immediate legal action, and termination is ARDOC’s presumptive response. After this onsite audit, this auditor contacted and interviewed ARDOC's Internal Affairs Director (via ZOOM). He confirmed ARDOC's "Zero Tolerance" policy for sexual abuse and sexual harassment, as well as the information shared by ARDOC's PREA Coordinator and GU’s Warden.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.76.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files</p>

reviewed and observations to determine compliance for Standard 115.77. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.77. An excerpt states, “a. Staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies.

b. Termination shall be the presumptive disciplinary sanction for Staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.

c. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the Staff member’s disciplinary history.

d. All terminations for Sexual Abuse, or resignations of Staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.77.

While on site, this auditor interviewed GU’s Warden who shared that ARDOC’s and GU’s corrective action responses for substantiated sexual abuse outcomes for contracted staff, contractors, and volunteers can range in various forms of disciplinary measures, up to notifying licensing bodies and criminal referral. The facility takes the initial measure to ensure that the volunteer/contractor is “locked out” of the facility and they contact all ARDOC facilities to ensure that they are unable to work at another facility the during the investigation. This auditor also interviewed ARDOC’s PREA Coordinator, who shared that once ARDOC’s Internal Affairs concludes/affirms that the investigation is substantiated for staff sexual abuse, they take immediate legal action and cease all contact with and access to ARDOC facilities. After this onsite audit, this auditor contacted and interviewed ARDOC’s Internal Affairs Director (via ZOOM). He confirmed ARDOC’s “Zero Tolerance” policy for sexual abuse and sexual harassment, as well as the information shared by GU’s Warden and ARDOC’s PREA Coordinator.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.77.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files

reviewed and observations to determine compliance for Standard 115.78. Grimes Unit (GU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.78. An excerpt states, "a. Offenders may be disciplined for Substantiated incidents of Offender-on-Offender Sexual Abuse. If an Offender has pending disciplinary sanctions for Offender-on-Offender Sexual Abuse, consideration shall be given as to whether the Offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed.

b. An Offender may be labeled as a PREA Sex Offender in eOMIS for any substantiated allegation of Sexual Abuse. The PREA Sex Offender precaution shall be approved by the facility PCM and DOC PREA Coordinator.

c. Offenders may not be disciplined for Sexual Abuse of a Staff member if the Staff member consented.

d. An Offender may be disciplined for reporting a false allegation of Sexual Abuse or Sexual Harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

e. An Offender may be disciplined for abusing the PREA Hotline. Abuse includes, but is not limited to:

i. Calling about a non-PREA related issue;

ii. Repeatedly calling about the same allegation; or

iii. Threatening the safety of Staff or other Offenders."

This auditor also reviewed "Arkansas Department of Corrections Administrative Directive (2024-04)-Inmate Disciplinary Manual" as evidence of compliance with PREA Standard 115.78. An excerpt states, "PREA Charge = Any Rule Violation that is connected to the Prison Rape Elimination Act (PREA) and requires a response directed by the Department's PREA Policy. The outcome for a PREA violation may direct a precaution to be entered into the electronic offender file indicating predator or victim identifications. This would include incidents of:

1. Sexual misconduct;
2. Rape or forced sexual act;
3. Masturbation in the presence of another;
4. Sexual threats;
5. Sexual harassment;
6. Demanding sexual acts in trade; and
7. Aiding or abetting in any of the above.

Additionally, ARDOC's Administrative Directive (2024-04) identifies the following acts are considered Class A penalty class behaviors. Class A behaviors are the highest

disciplinary behaviors within all ARDOC's facilities. The PREA related behaviors are as follows:

SEXUAL ACTIVITY CATEGORIES

10-1. *Engaging in non-abusive sexual activity with another consenting person.*

10-2. *Making sexual proposals to another person. (PREA)*

10-3. *Indecent Exposure and/or Masturbation; may result in a referral for criminal prosecution (examples include, but are not limited to, verbal and/or non-verbal gestures).*

10-4. *Bestiality.*

10-5. *Masturbation in the presence of another inmate.*

10-7. *Demanding sexual contact in trade or for protection from physical harm or mental anguish, or other victimization.*

4-10. *Rape or forced sexual act with/on an inmate. Rule Violation may result in the loss of all good time. (PREA) Rape is a crime and may result in criminal prosecution for a Class Y Felony. If convicted, may result in a life sentence.*

4-19. *Rape or forced sexual act on staff, volunteer, contractor or other individual not incarcerated at the time of the incident. Rule Violation may result in the loss of all good time. Rape is a crime and may result in criminal prosecution for a Class Y Felony. If convicted, may result in a life sentence.*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and "Administrative Directive (2024-04)," concluding that both has the necessary language to align with PREA Standard 115.78.

While onsite, this auditor interviewed 41 inmates and asked about GU's rules and sanctions for inmate-on inmate sexual abuse or sexual harassment. Inmates were clear that sexual abuse and sexual harassment is not tolerated at GU's facility. Each interviewed inmate stated that sexual abuse is not tolerated and is a "**CLASS A**" infraction. This PREA auditor also interviewed GU's Warden. He shared that GU's protocol on substantiated inmate-on-inmate sexual abuse investigations. He was aligned with ARDOC's above-mentioned directives on inmate sanctions for sexual abuse/sexual harassment. GU's Warden also shared that disciplinaries are handled by the "Disciplinary Hearing Committee" to provide sanctions and interventions for inmates.

Finally, GU's Warden shared that inmate sanctions are 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. He also shared that the disciplinary committee does take into consideration any diagnosed/documented history of mental health/mental disabilities prior to making sanction determinations.

	This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.78.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.81. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.81. An excerpt states, <i>“When an assessment indicates an Offender has experienced Victimization or previously been a Perpetrator, Staff shall ensure the Offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within fourteen (14) days of the assessment.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.81.</p> <p>While on site, this auditor reviewed ARDOC’s PREA Risk Screening tool in “eOmis” and concluded that it consisted of the necessary screening questions to identify inmate history of sexual victimization and history of abusiveness. This auditor also interviewed GU’s Intake Sergeant who explained the process of gathering risk of victimization and abusive information in the “eOmis” system. During the interview, GU’s Intake Sergeant shared that <i>“Once an inmate arrives at this facility, we conduct an Initial PREA Risk Screening”</i> in “eOmis. This is where we gather information about history of sexual victimization and sexual abusiveness.” Furthermore, if an inmate screens to be at risk for victimization or abusiveness, the Intake Sergeant was unaware that mental health required communication in order to follow up with a 14-day session.</p> <p>This auditor interviewed WellPath’s Mental Health Supervisor and Health Service Administrator. This auditor asked if inmates who are screened, at intake, to have history of sexual victimization or sexual perpetration, are receiving a follow-up meeting with mental health staff within 14 days from their intake screening. She shared that mental health staff do not receive communication/referrals from GU’s Intake Sergeant to provide follow-up within 14 days for those inmates who screen to have history of sexual victimization or sexual perpetration. She further shared that medical and mental health staff only obtain information on intakes through a <i>“daily recap”</i> correspondence or GU’s <i>“movement log,”</i> to determine who requires a follow up. Overall, there is currently no formal avenue for the Intake Sergeant to</p>

communicate/refer inmates who require 14-day follow-ups to Mental Health at the time of this audit. This auditor discussed the importance of ensuring that inmates who have history of sexual victimization or sexual perpetration are offered the necessary follow required by this PREA Standard. This auditor also shared that follow-up sessions should be offered after the intake process has concluded, however within 14 days of the inmate's completed PREA Risk Screening at intake. This auditor shared that a note specifically stating that the session is a result of the outcome of the PREA Risk Screening should be completed.

This auditor recommended that the Intake Sargent send a referral email to Wellpath's Mental Health team immediately after their PREA Risk Screening is completed, for those inmates who have history of sexual victimization or sexual perpetration. This is to ensure that the Mental Health team has enough time to complete a 14-day follow-up with the inmate. Additionally, this auditor recommended that Wellpath's Mental Health team establish a procedure that ensures that individual follow up sessions occur within 14 days for those inmates whose PREA Risk Screening identifies the inmate as having a history of sexual abusiveness or sexual victimization. This procedure should also contain a way to remind the mental health practitioner to complete the follow-up within the 14-day period.

Furthermore, this auditor recommended that 14-day follow-up sessions with the Mental Health staff should occur after the intake process, and not during an inmate's intake at GU. Finally, these 14-day follow-up meetings should be an individual session in a private setting with the inmate and properly documented in the case notes in "eOmis." An example documentation could be, *"This follow up session is a result of a referral from GU's PREA Risk Screening where the inmate screened to have history of sexual victimization or history of sexual abusiveness. This practitioner (follow-up points touch on).....This inmate was offered a _____ packet. This inmate agreed/disagreed with check-in sessions (frequency). Follow-up concluded."* Finally, this auditor recommended that GU demonstrate consistency in practice with the above-mentioned recommendations before compliance can be determined with the PREA Standard. This PREA auditor concluded that Grimes Unit (GU) was not in compliance with PREA Standard 115.81. Corrective Action was required.

During Grimes Unit's (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC's PREA Coordinator (PC) and GU's Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor randomly selected 20 GU inmates to review *"Mental Health Services Encounters,"* who had history of sexual victimization and sexual abusiveness. ARDOC's PREA Coordinator submitted 6 Wellpath *"Mental Health Services Encounters,"* which entailed Wellpath's mental health practitioner's follow-up session notes. The follow-up notes described the purpose of the meeting, inmate's presenting demeanor, process packet offerings, services offerings, or a signed refusal form, refusing follow-up services (if the inmate refused follow-up services).

This PREA auditor concluded that Grimes Unit (GU) is in compliance with PREA Standard 115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.82. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.82. An excerpt states, <i>“a. All Offenders who have been Victims of Sexual Abuse in any correctional facility shall be offered medical and mental health evaluations and, as appropriate, any necessary treatment related to Sexual Abuse. This includes timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by medical and mental health practitioners according to their professional judgment. This also includes timely and comprehensive information about emergency contraception, pregnancy testing, sexually transmitted infection testing and prophylaxis, and lawful pregnancy-related medical services deemed appropriate by the medical practitioner.</i></p> <p><i>b. Mental health practitioners shall attempt to conduct an evaluation on all known Offender-on-Offender Perpetrators within sixty (60) days of learning of such abuse and provide treatment as deemed appropriate.</i></p> <p><i>c. Current and previous Victims of Sexual Abuse shall receive any medical and mental health services related to the Sexual Abuse at no cost to the Offender.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.82.</p> <p>While on site, this auditor conducted an exhaustive site review/tour of GU and observed a medical triage area for medical services at GU. This auditor interviewed medical contractor, WellPath’s Health Service Administrator, who shared that GU primarily utilizes “White River Medical Center” for medical services for their inmates. WellPath’s Health Services Administrator and additional nursing personnel assist inmates in navigating the services GU inmates need. The WellPath Health Service Administrator and Mental Health Supervisor shared that medical and mental health decisions are made based on their professional judgements, and victims’ inmates are informed about emergency contraception by the local hospital they are taken to and followed up by GU (or the hospital based on the scope of follow-up). The WellPath Health Services Administrator shared that they follow and initiate a “Sexual Abuse Health Service Encounter” protocol each time a PREA allegation is addressed. This “Sexual Abuse Health Service Encounter” ensures that all parties involved receive appropriate and immediate medical care, mental health crisis support and triage treatment before an inmate receives medical services outside the facility.</p>

	<p>Additionally, the Health Service Administrator and Mental Health Supervisor shared that GU staff work together to ensure that victims receive appropriate medical and mental health care, as well as emotional support provisions. GU inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services. Finally, WellPath’s Mental Health Professional and Health Service Administrator both shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost.</p> <p>Finally, this auditor interviewed a random selection of 41 inmates, asking about the effectiveness of medical and mental health care. All 41 inmates shared positive responses about the provision of support, response, and assistance by GU and ARDOC team of staff. There was consistency in responses to “sick inmates” turnaround time is within 24 to 72 hours, triaged based on urgency.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.83. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.83. An excerpt states, <i>“a. All Offenders who have been Victims of Sexual Abuse in any correctional facility shall be offered medical and mental health evaluations and, as appropriate, any necessary treatment related to Sexual Abuse. This includes timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by medical and mental health practitioners according to their professional judgment. This also includes timely and comprehensive information about emergency contraception, pregnancy testing, sexually transmitted infection testing and prophylaxis, and lawful pregnancy-related medical services deemed appropriate by the medical practitioner.</i></p> <p><i>b. Mental health practitioners shall attempt to conduct an evaluation on all known Offender-on-Offender Perpetrators within sixty (60) days of learning of such abuse and provide treatment as deemed appropriate.</i></p>

c. Current and previous Victims of Sexual Abuse shall receive any medical and mental health services related to the Sexual Abuse at no cost to the Offender."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and has concluded that it has the necessary language to align with PREA Standard 115.83.

While on site, this auditor conducted an exhaustive site review/tour of GU and observed a medical triage area for medical services at GU. This auditor interviewed medical contractor, WellPath's Health Service Administrator, who shared that GU primarily utilizes "*White River Medical Center*" for medical services for their inmates. WellPath's Health Service Administrator and additional nursing personnel assist inmates in navigating the services GU inmates need. The WellPath Health Service Administrator and Mental Health Supervisor shared that medical and mental health decisions are made based on their professional judgements, and victims' inmates are informed about emergency contraception by the local hospital they are taken to and followed up by GU (or the hospital based on the scope of follow-up). The WellPath Health Service Administrator shared that they follow and initiate an "*Outcount Return*" protocol each time an inmate returns from a hospital discharge due to a PREA allegation. This "*Outcount Return*" ensures that the victim receives an additional medical examination upon return to the facility, medical staff review discharge recommendations and communicate all findings to the provider on duty or on call. The medical staff ensure that inmates are placed on the schedule for a medical provider to see them within 24-48 hours upon return. Lastly, this process ensures that mental health support is offered upon return as well as additional mental health assessments administered to confirm stabilization. Further, the mental health team follows up with the perpetrator and offers the inmate the "*Sexually Inappropriate Behavior*" packet (a 6-to-8-week course) which assists them in understanding more about their offense, triggers and underlying issues. This packet is coupled with mental health individual sessions.

Additionally, the Health Service Administrator and Mental Health Professional shared that GU staff work together to ensure that that victims receive appropriate medical and mental health care, as well as emotional support provisions. GU inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services. Finally, WellPath's Mental Health Professional and Health Service Administrator both shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. The Health Service Administrator further stated that inmate victims are offered sexually transmitted infections tests, informed about emergency contraception, and provided follow-up medical services through the local hospital where the inmate would be transported.

Finally, this auditor interviewed a random selection of 41 inmates, asking about the effectiveness of medical and mental health care. All 41 inmates shared positive responses about the provision of support and assistance by WellPath staff. There was consistency in responses to "sick inmates" turnaround time is within 24 to 72 hours, triaged based on urgency.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA

	Standard 115.83.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.86. Grimes Unit (GU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.86. An excerpt states, <i>“All facilities shall conduct a review, ordinarily within thirty (30) days, at the conclusion of every Sexual Abuse investigation unless the allegation was determined to be Unfounded. An investigation shall be deemed to be concluded upon the review and approval of the investigation report by the Internal Affairs Division, Division Director, and the Secretary. The review team shall consist of upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:</i></p> <ul style="list-style-type: none"> <i>a. Consider whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect, or respond to Sexual Abuse.</i> <i>b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.</i> <i>c. Examine the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse.</i> <i>d. Assess the adequacy of Staffing levels in that area during different shifts.</i> <i>e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by Staff.</i> <i>f. Prepare a report of its findings, including determinations made from sections a-e and any recommendations for improvement and submit the report to the facility head and PCM.</i> <p><i>The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.86.</p>

While on site, this auditor interviewed GU's Warden and Deputy Warden/PCM. They shared that Sexual Abuse Incident Reviews (SAIR) are required to occur within 30 days of the conclusion of sexual abuse investigations (substantiated and unsubstantiated). They further shared that GU has assembled an SAIR team and SAIR meetings have been conducted. This auditor also interviewed ARDOC's PREA Coordinator (PC), who shared that each facility's PCM is responsible for completing SAIR team meetings. She also shared that she has informed each facility PCM of their responsibility to complete SAIR meeting at the conclusion of sexual abuse investigation. ARDOC's PREA Coordinator submitted ARDOC's "30-Day Sexual Abuse Incident Review" form used when review meeting occurs. The form contained all the components which align with PREA Standard 115.86. The review questions within ARDOC's "30-Day Sexual Abuse Incident Review" included:

1. *Identifying whether the allegation or investigation indicates a need to change ARDOC's policy or practice to better prevent, detect, or respond to sexual abuse.*
2. *Identifying whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.*
3. *Assessing the area in the facility where the incident allegedly occurred to assess whether blind spots or barriers in the area may enable abuse.*
4. *Assessing staffing levels in that area during the shift at the time of the incident.*
5. *Assessing whether there's a need for video/audio monitoring technology to supplement supervision by staff.*

ARDOC's "30-Day Sexual Abuse Incident Review" form culminates to a findings and recommendations section, which determines need based on the above-mentioned assessments by the SAIR team.

Additionally, while onsite, this auditor requested complete investigations within the past 12 months. This auditor reviewed 10 randomly selected PREA investigations (5 Sexual Harassment and 5 Sexual Abuse). While reviewing each selected completed investigation packet, this auditor observed that there was a Sexual Abuse Incident Review team meeting verification provided by GU for 4 sexual abuse investigations within 12 months (3 substantiated and 1 unsubstantiated). There was 1 additional sexual abuse investigation with a finding of unfounded, and a SAIR was not required. This auditor observed that two SAIRs were not conducted within the 30-day timeframe required by the standard. Additionally, one SAIR could not be found or verified.

This auditor recommended that Grimes Unit conduct SAIR meetings within the required 30 days of the conclusion of a sexual abuse investigation, unless investigation determines the allegation/incident was determined to be unfounded.

This auditor also recommended GU's SAIR team establish consistency of practice with the above-mentioned recommendation, before compliance can be determined

	<p>with this PREA Standard. This PREA auditor concludes that Grimes Unit (GU) was not in compliance with PREA Standard 115.86. Corrective Action was required.</p> <p>During Grimes Unit’s (GU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with ARDOC’s PREA Coordinator (PC) and GU’s Deputy Warden/PREA Compliance Manager (DW/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to review 10 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC’s PREA Coordinator submitted the 10 requested PREA Investigations which occurred during this Corrective Action Period (5 SA and 5 SH PREA investigations) (2 substantiated inmate on inmate sexual harassment; 3 unsubstantiated inmate on inmate sexual harassment; 1 unfounded inmate on inmate sexual abuse, 2 unsubstantiated inmate on inmate sexual abuse, 1 substantiated inmate on inmate sexual abuse, and 1 substantiated staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.</p> <p>Additionally, the 10 reviewed investigation reports had a detailed summary of the investigation, accompanied by <i>“Retaliation Monitoring”</i> documentation, and documented <i>“PREA Investigation Determination Cover Sheet”</i> (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being <i>“unsubstantiated,” “substantiated,”</i> or <i>“unfounded”</i>). The 5 sexual abuse (substantiated, unsubstantiated, and unfounded) investigations had signed/ completed <i>“Notice of PREA Investigation Status”</i> (inmate notifications). The 4 substantiated and unsubstantiated sexual abuse investigation had completed and signed <i>“Sexual Abuse Incident Review”</i> team meetings documentation attached.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.86.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.87. Grimes Unit follows the Arkansas Department of Corrections policies and submitted the <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)”</i> as evidence of compliance with PREA Standard 115.87. An excerpt states, <i>“1. Data shall</i></p>

be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.

2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.

3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.

4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.

5. Aggregated data collected shall be made available to the public annually through the DOC website.

6. All case records associated with claims of sexual offenses, including incident reports, investigation reports, Offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, shall be retained in accordance with the records retention schedule.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.87.

This auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the process for collecting and aggregating monthly data on sexual abuse/sexual harassment incidents and investigations. She also shared that she receives sexual abuse incident/investigation information from each ARDOC facility’s PREA Compliance Manager/Administrator, develops monthly and annual reports, then submits them to ARDOC’s Secretary of Corrections for review/approval.

While onsite at ARDOC’s Headquarters, this auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the process for collecting and aggregating monthly data on sexual abuse/sexual harassments incidents and investigations. She also shared that she receives sexual abuse incident/investigation information from each ARDOC facility’s PREA Compliance Manager/Deputy Warden, develop monthly and annual reports, then submit ARDOC’s Secretary of Corrections for review/approval. This PREA auditor also interviewed ARDOC’s IT/Social Media Manager, who is the gatekeeper of electronic information being disseminated to the public via ARDOC’s website (after approval from ARDOC’s Secretary of Corrections (agency head) and PREA Coordinator’s submittal).

Additionally, ARDOC’s IT/Social Media Manager walked this auditor through the process once she receives PREA Annual Reports to the reports “going live” onto ARDOC’s website for public viewing. Finally, ARDOC’s PC and IT/Social Media Manager shared that Personal Identifiers are not written into annual reports or redacted prior

	<p>to “going live” for public viewing. Finally, this auditor reviewed annual reports on ARDOC’s website from 2015 through 2023. Each report contained corrective actions taken. ARDOC’s IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years. Each report contained corrective actions taken.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.87.</p>
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115.88	Data review for corrective action
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.88. Grimes Unit follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.88. An excerpt states, <i>“1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.</i></p> <p><i>2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.</i></p> <p><i>3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.</i></p> <p><i>4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.</i></p> <p><i>5. Aggregated data collected shall be made available to the public annually through the DOC website.</i></p> <p><i>6. All case records associated with claims of sexual offenses, including incident reports, investigation reports, Offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, shall be retained in accordance with the records retention schedule.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard</p>
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115.88.	<p>While onsite at ARDOC’s Headquarters, this auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the process for collecting and aggregating monthly data on sexual abuse/sexual harassments incidents and investigations. She also shared that she receives sexual abuse incident/investigation information from each ARDOC facility’s PREA Compliance Manager/Deputy Warden, develop monthly and annual reports, then submit ARDOC’s Secretary of Corrections for review/approval. This PREA auditor also interviewed ARDOC’s IT/Social Media Manager, who is the gatekeeper of electronic information being disseminated to the public via ARDOC’s website (after approval from ARDOC’s Secretary of Corrections (agency head) and PREA Coordinator’s submittal).</p> <p>Additionally, ARDOC’s IT/Social Media Manager walked this auditor through the process once she receives PREA Annual Reports to the reports “going live” onto ARDOC’s website for public viewing. Finally, ARDOC’s PC and IT/Social Media Manager shared that Personal Identifiers are not written into annual reports or redacted prior to “going live” for public viewing. Finally, this auditor reviewed annual reports on ARDOC’s website from 2015 through 2023. Each report contained corrective actions taken. ARDOC’s IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.88.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Grimes Unit (GU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.89. Grimes Unit follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.89. An excerpt states, <i>“1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.</i></p> <p><i>2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.</i></p>

3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.
4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.
5. Aggregated data collected shall be made available to the public annually through the DOC website.
6. All case records associated with claims of sexual offenses, including incident reports, investigation reports, Offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, shall be retained in accordance with the records retention schedule.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.89.

While onsite at ARDOC’s Headquarters, this auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the process for collecting and aggregating monthly data on sexual abuse/sexual harassments incidents and investigations. She also shared that she receives sexual abuse incident/investigation information from each ARDOC facility’s PREA Compliance Manager/Deputy Warden, develop monthly and annual reports, then submit ARDOC’s Secretary of Corrections for review/approval. This PREA auditor also interviewed ARDOC’s IT/Social Media Manager, who is the gatekeeper of electronic information being disseminated to the public via ARDOC’s website (after approval from ARDOC’s Secretary of Corrections (agency head) and PREA Coordinator’s submittal).

Additionally, ARDOC’s IT/Social Media Manager walked this auditor through the process once she receives PREA Annual Reports to the reports “going live” onto ARDOC’s website for public viewing. Finally, ARDOC’s PC and IT/Social Media Manager shared that Personal Identifiers are not written into annual reports or redacted prior to “going live” for public viewing. Finally, this auditor reviewed annual reports on ARDOC’s website from 2015 through 2023. Each report contained corrective actions taken. ARDOC’s IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.89.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Grimes Unit (GU) understands PREA Standard 115.401, which states, “During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.” This auditor interviewed ARDOC's Secretary of Corrections (agency head), who shared that she and the Arkansas Governor support and are committed to their facilities receiving PREA Audits during this 3rd year of this 4th Cycle. Grimes Unit plans to continue to have a PREA audit conducted every three years. This is GU’s first PREA Facility Audit in the third year of this current audit cycle. This auditor had access to, and the ability to observe, all areas of Grimes Unit. This auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with facility staff whose roles held responsibility for specific PREA Standards. GU inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.401.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Grimes Unit (GU), pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.403.</p> <p>ARDOC has not had any PREA Final Audit Reports issued in the past three years. However, this auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the process for collecting and aggregating monthly data on sexual abuse/sexual harassment incidents and investigations. She also shared that she receives sexual abuse incident/investigation information from each ARDOC facility’s PREA Compliance Manager/Administrator, develops monthly and annual reports, then submits them to ARDOC’s Secretary of Corrections for review/approval.</p> <p>This PREA auditor also interviewed ARDOC’s IT/Social Media Manager, who is the designated gatekeeper of electronic information being disseminated to the public via ARDOC’s website (after approval from ARDOC’s Secretary of Corrections (agency head) and PREA Coordinator’s submittal). Additionally, ARDOC’s IT/Social Media Manager walked this auditor through the process once she receives PREA Annual Reports to the reports “going live” onto ARDOC’s website for public viewing. Finally, ARDOC’s PC and IT/Social Media Manager shared that Personal Identifiers are not written into annual reports or would be redacted prior to “going live” for public</p>

viewing. Finally, this auditor reviewed annual reports on ARDOC's website from 2015 through 2023. Each report contained corrective actions taken. GU will be conducting their first facility audit in this 3rd year of this 4th cycle. Finally, ARDOC's IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years.

This PREA auditor concludes that Grimes Unit (GU) is in compliance with PREA Standard 115.403.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
115.13 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	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	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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

	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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	yes

	U.S.C. 1997)?	
	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
	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 two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	no
115.18 (b)	Upgrades to facilities and technologies	
	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,	yes

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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	yes

	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)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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

	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	

	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
115.41 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h) Screening for risk of victimization and abusiveness		
	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
115.41 (i) Screening for risk of victimization and abusiveness		
	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
115.42 (a) Use of screening information		
	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
	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
	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	yes

	being sexually abusive, to inform: Work Assignments?	
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	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
	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
115.43 (b) Protective Custody		
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c) Protective Custody		
	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

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	yes

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	
	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

	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	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
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	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?	
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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?	
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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	yes

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	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
	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

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	

	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	

	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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.)	no
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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	na

	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, there has never been a Final Audit Report issued.)	
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