

# PREA Facility Audit Report: Final

**Name of Facility:** Larry B. Norris Unit

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 07/11/2025

**Date Final Report Submitted:** 02/05/2026

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"/>
<b>Auditor Full Name as Signed:</b> DeShane Reed	<b>Date of Signature:</b> 02/05/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Reed, DeShane
<b>Email:</b>	dreed@drbconsultinggroup.com
<b>Start Date of On-Site Audit:</b>	04/10/2025
<b>End Date of On-Site Audit:</b>	04/12/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Larry B. Norris Unit
<b>Facility physical address:</b>	2501 State Farm Road, Tucker, Arkansas - 72168
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Maurice Culclager
<b>Email Address:</b>	Maurice.Culclager@doc.arkansas.gov
<b>Telephone Number:</b>	501-842-3800

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	James Shipman
<b>Email Address:</b>	james.shipman@doc.arkansas.gov
<b>Telephone Number:</b>	501-842-3800

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Maurice Culcalger
<b>Email Address:</b>	maurice.culclager@doc.arkansas.gov
<b>Telephone Number:</b>	501-842-8503

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Ryan Flemmons
<b>Email Address:</b>	RFlemmons@wellpath.us
<b>Telephone Number:</b>	501-842-8517

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	532
<b>Current population of facility:</b>	586
<b>Average daily population for the past 12 months:</b>	582
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>What is the facility's population designation?</b>	Men/boys

<b>Age range of population:</b>	18 - 82
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium, Maximum, High Security
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	153
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	37
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	21

#### AGENCY INFORMATION

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

#### Agency Chief Executive Officer Information:

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

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Haley Reeves	<b>Email Address:</b>	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:

40

#### Number of standards not met:

0

#### Not audited at the facility level:

Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.

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## AGENCY AUDIT FINDINGS

### Summary of Audit Findings

These standards were audited at the agency-level. For more information, please see the attached agency audit report found at the end of this document.

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.

<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
10	
<b>Number of standards not met:</b>	
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: 2025-04-10

2. End date of the onsite portion of the audit: 2025-04-12

#### 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?

Yes  
 No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

I contacted "University of Arkansas Medical Sciences Hospital and Baptist Health," regarding SANE/SAFE for LBNU inmates. Additionally, I interviewed LBNU's chaplain and other specialized trained victim advocates, to verify victim advocacy at LBNU.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity: 562

15. Average daily population for the past 12 months: 582

16. Number of inmate/resident/detainee housing units: 14

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></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><b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>562</p>
<p><b>19. 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:</b></p>	<p>3</p>
<p><b>20. 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:</b></p>	<p>12</p>
<p><b>21. 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:</b></p>	<p>0</p>
<p><b>22. 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:</b></p>	<p>3</p>

<b>23. 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:</b>	0
<b>24. 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:</b>	21
<b>25. 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:</b>	4
<b>26. 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:</b>	20
<b>27. 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:</b>	17
<b>28. 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:</b>	1
<b>29. 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):</b>	No text provided.

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. 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:</b>	147
<b>31. 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:</b>	8
<b>32. 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:</b>	0
<b>33. 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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	30

<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>This auditor also attempted to identify and interview LBNU inmates who fit the target group per the PREA Auditor's Handbook.</p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></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><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>38. 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):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>30</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><b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>41. 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:</b></p>	<p>1</p>
<p><b>42. 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:</b></p>	<p>2</p>
<p><b>43. 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:</b></p>	<p>1</p>
<p><b>44. 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:</b></p>	<p>5</p>

<b>45. 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:</b>	4
<b>46. 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:</b>	5
<b>47. 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:</b>	2
<b>48. 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:</b>	4
<b>49. 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:</b>	5
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.

<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	22
<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<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
<b>If "Other," describe:</b>	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook. These 22 interviewed staff include specialized staff and contracted medical professional staff.
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	7

<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<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)

**60. 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
<b>If "Other," provide additional specialized staff roles interviewed:</b>	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook.
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	3
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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 checked="" type="checkbox"/> Other

<p><b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>This auditor also interviewed Wellpath's Mental Health Personnel.</p>
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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.

<p><b>64. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>65. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>66. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></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><b>70. 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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></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 LBNU inmates.</p>
<p><b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b></p>	
<p><b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b></p>	
<p>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.</p>	

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	28	0	28	28
<b>Staff-on-inmate sexual harassment</b>	26	0	26	26
<b>Total</b>	54	0	54	54

## 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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### 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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	27	2	1
<b>Staff-on-inmate sexual harassment</b>	0	31	2	0
<b>Total</b>	0	58	4	1

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	3
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<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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 abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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 staff-on-inmate sexual abuse investigation files)</p>

<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>7</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	4
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>95. 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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Non-certified Support Staff**

96. 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

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

1

**AUDITING ARRANGEMENTS AND COMPENSATION**

97. 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

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris 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,</i></p>

*regardless of perception, 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.

Larry B. Norris Unit (LBNU) 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 training 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.11.

115.12	Contracting with other entities for the confinement of inmates
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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 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</p>

*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 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

	<p>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 county 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.12.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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"> <li><i>a. Generally accepted detention and correctional practices;</i></li> <li><i>b. Any judicial findings of inadequacy;</i></li> <li><i>c. Any findings of inadequacy from federal investigative agencies;</i></li> </ul>

- 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 LBNU's Deputy Warden/PREA Compliance Manager, who shared that LBNU complies with the protocol identified in their staffing plan. He shared that when call-offs and time-offs occur, LBNU provides coverage through adjusting/rotating on-shift staffing as well as offering voluntary overtime. This allows LBNU'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 LBNU'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 LBNU's "Staffing Plan" (October 2024), it documented LBNU'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. According to the LBNU Staffing Plan, "*The Larry B. Norris Unit staffing matrix requires 16 security personnel per day shift and 16 security personnel per night shift as the staffing requirement. There are four rotating shifts (A,B,C,D) to provide security for inmate supervision. Staff at the Larry B. Norris Unit are assigned a permanent shift. This includes security shifts supervising inmates in housing units, response staff and other areas where inmates have access. Shifts are 6:15pm-6:15pm and 6:15pm -6:15am.*" 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 4/2024 to 4/2025. This auditor observed that unannounced supervisory rounds were completed and were noted in LBNU's green logbooks in red ink. This auditor inquired about the frequency of rounds for each ranking officer on duty during a shift.

	<p>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 two 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.</p> <p>This auditor recommended the addition of cameras in specific areas, to improve supplemental video monitoring to enhance their ability to protect inmates from sexual abuse. Those specific areas were as follows:</p> <ol style="list-style-type: none"> <li>1. Laundry Area: 1-360 “fisheye camera” in middle of room.</li> </ol> <p>This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.13. Corrective Action was required.</p> <p>During Larry B. Norris Unit’s (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and LBNU’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, LBNU’s Deputy Warden/PREA Compliance Manager submitted photo evidence of 2-360 “fisheye cameras” mounted and actively working inside the LBNU laundry area.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.13.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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</p>

*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 LBNU facility rosters and counts while onsite. No youthful inmates were present on the rosters. ARDOC’s PREA Coordinator, LBNU’s Warden and LBNU’s Deputy Warden/PREA Compliance Manager also shared that LBNU did not house youthful inmates. The daily counts while this auditor was onsite did not show youthful inmates being housed at LBNU. This auditor also interviewed a random selection of 22 specialized, contracted, and direct supervision staff, as well as volunteers. Each responded that youthful inmates are not housed at LBNU. This auditor also interviewed a random selection of 30 inmates, selected from LBNU’s daily inmate roster. All 30 interviewed inmates shared that LBNU 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 LBNU. Each response was similar, stating that there were no inmates under 18 years old at this facility.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.14.

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.15. An excerpt states, “(a) <i>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.</i></p> <p><i>(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.</i></p> <p><i>(c) For a facility whose rated capacity does not exceed 50 inmates, the facility shall</i></p>

*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 30 randomly selected inmates. Each inmate verified that pat searches are conducted by both female and male officers in a professional manner, however when this auditor interviewed 5 transgender inmates, they shared that they were pat and strip searched by male officers which is not in alignment with ARDOC's transgender/intersex search policy. When this auditor interviewed a random selection of 10 LBNU direct supervision staff and asked, "Which gender staff pat searches a transgender or intersex?" Eight out of 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. LBNU is an all-male facility.

Additionally, while onsite, this auditor conducted a site review/tour and observed that there was adequate privacy in Barracks 1-4, and 5-8 as LBNU provided PREA Curtains (clear top, solid middle, clear bottom) for all shower areas. LBNU is currently building cinderblock walls to create privacy in Barracks 9-12 toilet area and provided requisition evidence of additional material order to complete the project. Barrack 9-12 was observed to have PREA curtains in the shower areas. This auditor observed that there were cameras that face directly into some bathroom areas where opposite gender viewing could occur as the Master Control post is not a restricted post. Additionally, in some barracks toilet areas were observed to be directly in line of sight of officers working in the control booth providing no privacy for inmates while increasing the opportunities for opposite gender viewing.

Further, this auditor interviewed a random selection of 30 LBNU inmates. There were 17 of the 30 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. Thirteen inmates shared that there is no privacy when toileting. This auditor noted that when inmates create their own privacy through the utilization of trash cans or sheets to

block viewing, it is considered a rule violation which could result in disciplinary action and loss of class status.

During this auditor's site review/tour, this auditor did not observe and hear gender announcements occurring upon entry into each barrack. 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? Nine out of 10 staff members shared that announcing when entering the barracks and bathrooms of inmates was occurring at the time of the audit, but not consistently. They also stated that opposite gender announcements were not currently placed in security logs or in the master control logbook. During the interviews of 30 randomly selected inmates, 18 of 30 inmates shared that female staff announce their presence when entering their barracks, but that this practice recently began.

This auditor recommended the following adjustments in various locations to ensure that there is adequate privacy from the potential of opposite gender viewing when not conducting security rounds as well as supervision and monitoring:

**Specific Locations:**

**1) Gang Shower Area:**

- a. Digital blot of entire shower area and privacy barrier for all showers

**2) East and West Isolation:**

- a. Digital Blot of all toilet areas in camera view for 60 cameras
- b. Privacy Barrier for showers

**3) Barracks 9, 10, 11, 12:**

- a. Frost ½ window facing toilet areas across from control room
- b. Partitions for toilet area
- c. Completion of physical privacy barrier walls for all units

**4) Gym Shower Area:**

- a. Partition for shower area in gym

**5) Need new Opposite Gender Announcing signage for each unit**

**6) Recommend moving all existing PREA signage by the phone in the barracks**

**7) Recommend a post order to restrict gender at the Sally Port Area for strip searches**

**8) PREA Signage for School Area Classroom**

## **9) C.L.E.S.T. & Blue PREA Signage needed for Barracks 9, 10, 11, and Mental Health Areas**

Furthermore, this auditor recommended that LBNU provide *"Refresher Training"* to all LBNU staff, focused on *"Opposite Gender Viewing/Announcements"* and the importance of female officers announcing their presence before entering the barracks. LBNU should demonstrate consistency in practice when completing Opposite Gender Announcements when entering the barracks as well as logging Opposite Gender Announcements in the security logbooks and master control logbook when female staff enter the barracks. Additionally, this auditor recommends *"Opposite Gender Must Announce When Entering"* signage be posted outside each barracks door (in color) to serve as a reminder to staff to make announcements prior to entry. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.15. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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, LBNU's Deputy Warden/PREA Compliance Manager submitted photo evidence of shower curtain partitions in LBNU's Gang Shower Area to provide inmates privacy from "free" opposite gender viewing. LBNU also submitted multiple photos of privacy barriers for all other showers throughout LBNU's barracks which had potential of opposite gender viewing. Additionally, LBNU's DW/PC submitted photo evidence of half frosted security staff control booth windows facing toilet areas, partitions in between inmate toilet areas, and higher privacy barrier walls in inmate shower areas in barracks 9, 10, 11, 12.

Furthermore, LBNU's DW/PCM submitted photo evidence of 57 of 60 digitally blotted toilets in inmate cells within the east and west isolation (3 cameras non-working). There was also photo evidence of privacy barriers covering the middle section of the inmate showers in the east and west isolation units. LBNU also provided photos evidence of the gym shower area with shower curtains to provide for inmate privacy in gym showers.

Moreover, LBNU's DW/PC provided a quote and signed *"Purchase Requisition"* for 50 professional signs which states, *"Opposite Gender Must Announce Prior to Entering."* These signs will be placed at the entry of each inmate barrack door. Additionally, LBNU's DW/PCM submitted the training curriculum and staff participation signature documentation for their Opposite Gender Announcements, 1st Responder Duties, and Crime Scene Preservation trainings. This training was facilitated on 1/08/26, 1/09/26, and 1/12/26, to ensure that LBNU's A, B, C, and D Shifts received this training.

Finally, LBNU's DW/PCM submitted photo evidence PREA Reporting and CLEST signage relocated next to the telephones in the inmate barracks, as well as in the Mental Health Area and Classroom. Additionally, new PREA Reporting and CLEST signage were added to barracks 9, 10, 11, and 12. Lastly, LBNU's DW/PCM submitted

	<p>their revised Standard Operating Procedure (SOP) which restricts opposite gender staff to be present at LBNU’s Sally Port Area when strip searches are being conducted. The SOP stated, <i>“Only male officers are allowed to be present while conducting strip searches.”</i></p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.15.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> 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 <i>“ARDOC’s Secretarial Directive (2024-02)”</i> 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, 5 out of 10 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 LBNU 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 4 Limited English Proficient (LEP) inmates during the onsite visit. During the interviews, none recalled receiving a pamphlet or viewing the PREA video in</p>

Spanish.

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 health translation services for LBNU inmates. This auditor also tested the "Voyce Global" number 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 LBNU 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 "Voyce Global" as a formal language service for the LBNU staff to access when needed for LBNU LEP inmates. Once this documented collaboration is formalized/established this auditor recommended LBNU facilitate a "Staff Training" for all supervisory staff on the purpose and how to access the language line to assist with translation services for LBNU 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 Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.16. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 40 randomly selected inmates who were present at the time of LBNU's PREA Facility Audit. LBNU's Deputy Warden/PREA Compliance Manager submitted 26 acknowledged and signed ARDOC "PREA Offender Checklist" and 14 "PREA Education Refusal Forms" (totaling 40 inmates) from inmates who were present at the time of LBNU's PREA Facility onsite audit. The "PREA Offender Checklists" and "PREA Education Refusal Forms" was used to provide evidence of providing "PREA Refresher Education" to current inmates (present during onsite audit).

This auditor also requested to review 25 randomly selected inmates who arrived at LBNU after the time of LBNU's PREA Facility Audit. LBNU's Deputy Warden/PREA Compliance Manager submitted 24 acknowledged and signed ARDOC "PREA Offender Checklist" and 1 "PREA Education Refusal Form" (totaling 25 inmates) from inmates who arrived to LBNU after the time of LBNU's PREA Facility onsite audit. The "PREA Offender Checklist" and "PREA Education Refusal Form" was used to provide evidence of providing "PREA Refresher Education" to new intake inmates (post onsite

audit intakes). LBNU's "PREA Offender Education Checklist" entailed education on LBNU's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at LBNU, 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 to LBNU's specialized trained staff victim advocates.

Also, LBNU's Deputy Warden/PCM submitted their "PREA Staff Refresher Training Agenda/Curriculum" and staff sign-in sheets as evidence of "Staff Refresher Training." The "PREA Staff Training," entailed the training discussion agenda and staff attendance for LBNU's A, B, C, and D shifts. This staff training was conducted on 1/08/26, 1/09/26, and 1/12/26 to ensure that all staff shifts and schedules receive the information. In reviewing LBNU's "PREA Staff Training Agenda/Curriculum," LBNU's training focused

1. LBNU's Voyce Global translation/interpretation services for Limited English Proficient Inmates and procedures for accessing Voyce Global,
2. Victim Advocates- Identifying LBNU's Victim Advocates, their roles, and how inmates can access them for emotional support,
3. 1st Responder duties and Crime Scene Preservation for containing usable evidence,
4. PREA Grievances, their purpose, grievance confidentiality, emergency grievances, grievance reporting procedures,
5. The role of CLEST (Commission on Law Enforcement Standards and Training) as an external reporting access entity.

Finally, this auditor received and uploaded a copy of Wellpath's "Voyce Global Quick Reference Guide" which provide written procedures and "access code" information to access a translator/interpreter, when needed.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.16.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their Arkansas Department of Corrections Secretarial

Directive (2024-02)" as evidence of compliance with PREA Standard 115.17. An excerpt states, *"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."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.17.

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 *"PREA Affirming Acknowledgement Disclosures"* 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 *"PREA Affirming Acknowledgement Disclosures"* to all employees at hire, upon promotion, or as a part of performance reviews.

While onsite, this auditor randomly selected 15 LBNU employee files from an HR Manager/Liaison. This auditor reviewed the randomly selected files and observed that 15 out of 15 reviewed files had 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 note that there were 15 out of 15 fingerprints within the file to verify that such checks were ran as a standard part of the onboarding process.

Additionally, this auditor verified that 15 out of 15 LBNU staff completed *"PREA Affirming Acknowledgement Disclosures"* between the dates of 7/01/24 through 7/25/24. These *"PREA Affirming Acknowledgement Disclosures"* are also a result of this 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 LBNU'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 Acknowledgment 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 PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.17.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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 Larry B. Norris Unit (LBNU) Warden who shared that no upgrades for expansion occurred in the facility within the last three years, however, he reported that new cinderblock privacy walls are being built in Barracks 9-12. The Warden submitted requisitions as evidence of supplies ordered to complete the cinderblock wall expansion project to provide the necessary privacy for inmates utilizing those toilets. They currently have 197 exterior and interior cameras which</p>

	<p>are operational. This auditor also interviewed ARDOC’s PREA Coordinator who also confirmed that facility expansion has not occurred and confirmed that the start of the privacy wall project in Barracks 9-12. Finally, LBNU’s Warden shared that LBNU 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 LBNU in identifying blind spot locations and needs for video monitoring.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.18.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.21. An excerpt states, <i>“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.</i></p> <p><i>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.</i></p> <p><i>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.”</i></p> <p>This auditor also reviewed ARDOC’s Coordinated Response Plan which states, <i>“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</i></p> <p><i>provide emotional support, crisis intervention services, information, and referrals.</i></p>

*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 LBNU's ACA Manager/Victim Advocate, who shared that there were 4 specialized trained staff who completed the 4-hour "Sexual Assault Victim Advocacy Training." All training verification certificates were reviewed and verified. She shared that the inmates can currently request a victim advocate, however many inmates may be unaware of who the advocates are.

This auditor also interviewed WellPath's Health Service Administrator who shared that LBNU transports victim inmates to "University of Arkansas Medical Sciences Hospital or Baptist Health" for Sexual Abuse Nurse Examinations/Sexual Abuse Forensic Examinations (SANE/SAFE). They further shared that the specialized trained staff victim advocates provide emotional support at the "University of Arkansas Medical Sciences Hospital or Baptist Health" to LBNU sexual abuse victims needing to go out for SANE/SAFE services. Finally, LBNU utilizes the "Arkansas State Police" (ASP) for all PREA sexual abuse criminal investigations.

While on site, this auditor interviewed a random selection of 30 LBNU inmates. When this auditor asked about their knowledge of victim advocacy services provided for inmates at LBNU, 1 out of the 30 inmates knew who the LBNU Victim Advocates were and were unaware that the advocates are for inmate victims of sexual abuse and emotional support for all LBNU inmates.

Furthermore, this auditor interviewed a random selection of 10 LBNU 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. Six out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. Six out of 10 interviewed security supervision staff were able to share their crime scene preservation duties and their duties to preserve usable evidence without this auditor's prompting. When discussing crime scene preservation in terms of requesting or encouraging victims not to change clothing, use the toilet, brush teeth, or shower, as well as requesting perpetrators not to change clothing, staff were able to mention these responsibilities during interviews. Finally, this auditor reviewed LBNU's training curriculum, which contained all the first responder duty deliverables (which includes crime scene preservation/preserving usable evidence) within its content.

This auditor recommended that all LBNU inmates receive "Refresher Education" focused on who the staff victim advocates are, their role and purpose, and how to access them if needed. Inmates should be aware that the staff victim advocates provide emotional support to all LBNU inmates. This auditor also recommended that LBNU provide "Refresher Training" to all staff regarding the support provided by the specialized trained victim advocacy staff within the facility. Staff should be made aware of who they are, their purpose, and how inmates can access them if needed.

Additionally, this auditor recommended that staff receive *“Refresher Training”* to all LBNU staff focused on *“Crime Scene Preservation”* and preserving usable evidence. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.21. Corrective Action was required.

During Larry B. Norris Unit’s (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and LBNU’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 40 randomly selected inmates who were present at the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 26 acknowledged and signed ARDOC *“PREA Offender Checklist”* and 14 *“PREA Education Refusal Forms”* (totaling 40 inmates) from inmates who were present at the time of LBNU’s PREA Facility onsite audit. The *“PREA Offender Checklists”* and *“PREA Education Refusal Forms”* was used to provide evidence of providing *“PREA Refresher Education”* to current inmates (present during onsite audit).

This auditor also requested to review 25 randomly selected inmates who arrived at LBNU after the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 24 acknowledged and signed ARDOC *“PREA Offender Checklist”* and 1 *“PREA Education Refusal Form”* (totaling 25 inmates) from inmates who arrived to LBNU after the time of LBNU’s PREA Facility onsite audit. The *“PREA Offender Checklist”* and *“PREA Education Refusal Form”* was used to provide evidence of providing *“PREA Refresher Education”* to new intake inmates (post onsite audit intakes). LBNU’s *“PREA Offender Education Checklist”* entailed education on LBNU’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at LBNU, 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 to LBNU’s specialized trained staff victim advocates.

Also, LBNU’s Deputy Warden/PCM submitted their *“PREA Staff Refresher Training Agenda/Curriculum”* and staff sign-in sheets (35) as evidence of *“Staff Refresher Training.”* The *“PREA Staff Training,”* entailed the training discussion agenda and staff attendance for LBNU’s A, B, C, and D shifts. This staff training was conducted on 1/08/26, 1/09/26, and 1/12/26 to ensure that all staff shifts and schedules receive the information. In reviewing LBNU’s *“PREA Staff Training Agenda/Curriculum,”* LBNU’s training focused on the following:

1. *LBNU’s Voyce Global translation/interpretation services for Limited English Proficient Inmates and procedures for accessing Voyce Global,*
2. *Victim Advocates- Identifying LBNU’s Victim Advocates, their roles, and how inmates can access them for emotional support,*
3. *1st Responder duties and Crime Scene Preservation for containing usable*

	<p>evidence,</p> <ol style="list-style-type: none"> <li>4. <i>PREA Grievances, their purpose, grievance confidentiality, emergency grievances, grievance reporting procedures,</i></li> <li>5. <i>The role of CLEST (Commission on Law Enforcement Standards and Training) as an external reporting access entity.</i></li> </ol> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.21.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.22. An excerpt states, <i>“All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports.</i></p> <p><i>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.</i></p> <p><i>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).”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02),” concluding that it has the necessary language to align with PREA Standard 115.22.</p> <p>While onsite, this auditor also interviewed 2 LBNU Administrative PREA Investigators assigned to investigations. This auditor shared a scenario of an inmate being sexually assaulted in the shower, and asked, <i>“What is the PREA Investigator’s coordinated responsibilities?”</i> 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</p>

confinement facilities. This auditor reviewed all interviewed PREA investigator’s training transcript submitted by ARDOC’s PREA Coordinator as well as ten additional transcripts from other investigators on the team. These training transcripts verified the specialized training all ARDOC PREA investigators received training through ARDOC’s 3-day *“Sexual Assault 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 ARDOC partners with *Arkansas State Police (ASP)*, which 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 22 LBNU specialized and direct supervision staff, 22 of 22 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.22.

115.31	Employee training
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> 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"> <li data-bbox="300 1982 1382 2018"><i>i. The DOC’s zero-tolerance policy for Sexual Abuse and Sexual Harassment.</i></li> <li data-bbox="300 2054 1369 2089"><i>ii. Their responsibilities of Sexual Abuse and Sexual Harassment prevention,</i></li> </ul>

*detection, reporting, and response policies and procedures.*

*iii. Offenders' right to be free from Sexual Abuse and Sexual Harassment.*

*iv. The right of Offenders and Staff to be free from Retaliation for reporting Sexual Abuse and Sexual Harassment.*

*v. The dynamics of Sexual Abuse and Sexual Harassment in confinement.*

*vi. The common reactions of Sexual Abuse and Sexual Harassment victims.*

*vii. How to detect and respond to signs of threatened and actual Sexual Abuse.*

*viii. How to avoid inappropriate relationships with Offenders.*

*ix. How to communicate effectively and professionally with an Offender, including LGBTI or GNC Offenders.*

*x. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.31.

While onsite, this PREA auditor interviewed LBNU's Chief of Security/Major 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 "Basic Corrections Officers Training" Academy (BCOT) where both areas train on PREA. She continued to share that security staff are also required to complete annual web-based PREA training. This auditor also interviewed ARDOC's PREA Coordinator who shared that non-security staff (civilian, administrative, and/or support staff) are trained virtually by the PREA Coordinator once hired. The training courses are made available once a week (currently on Wednesdays).

Moreover, this auditor interviewed 22 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 randomly selected training files of 30 staff at LBNU to verify up-to-date annual PREA training. Thirty out of 30 employee training transcripts from randomly interviewed staff were verified. The training information showed each staff member's training verification of attendance either in-person or web-based training.

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

	<p>communicating any incidents of sexual abuse and sexual harassment.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.31.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.32. An excerpt states, <i>“All Volunteers and Contractors who have contact with Offenders shall be trained annually on the following:</i></p> <ul style="list-style-type: none"> <li><i>i. The DOC’s policy of zero-tolerance regarding Sexual Abuse and Sexual Harassment and how to report such incidents.</i></li> <li><i>ii. Their responsibilities under the DOC’s Sexual Abuse and Sexual Harassment policies and procedures.</i></li> </ul> <p><i>b. Training shall be based on the level and amount of contact the Volunteer or Contractor has with Offenders”</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 115.32.</p> <p>While onsite, this PREA auditor interviewed the LBNU Chaplain and 1 randomly selected Certified Religious Assistant volunteer and 3 contractors. They 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. The ACA Manager shared that they have not yet required contractors or volunteers who have minimal/infrequent interaction with inmates to review and sign ARDOC’s <i>“PREA Zero-Tolerance Acknowledgement Form,”</i> as a condition of entry and prior to entry into the LBNU facility. This auditor also did not observe this process upon entry into the facility.</p> <p>Further, the LBNU Chaplain Volunteer shared with this auditor that all religious 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 <b>OCV’s</b> (<i>Occasional Citizen Volunteers</i>) who</p>

come in periodically to serve and are always escorted 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 PREA training PREA which is led by the Head Chaplin. Volunteers also complete Relias web-based training annually. The PREA Coordinator also shared that she conducted a LBNU Volunteer training on May y17, 2025 at the unit. This auditor requested training certificates of the Chaplin and those volunteers who attended this in person training. This auditor was unable to receive them before the end of the audit period.

This auditor interviewed WellPath's Health Service Administrator (HSA), Director of Nursing (DON), and Mental Health Director (MHD) 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. The Medical and Mental Health departments provided 14 certificates of PREA training as verification of completed training.

Additionally, ARDOC's PREA Coordinator submitted the "*PREA Contractor/Volunteer Training*" power point and "*Contractor/Volunteer Acknowledgement Form.*" 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.

This auditor recommended that LBNU provide verification of the volunteer training provided on May 17, 2025, and certificates of all volunteers that were in attendance. This auditor also recommended that LBNU implement the use of the "*Contractor/Volunteer Acknowledgement Form*" for every contractor or volunteer who have minimal/infrequent interaction with inmates. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.32. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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, LBNU's Deputy Warden/PREA Compliance Manager submitted 2 "*Quarterly Volunteer Training*" signed attendance sheets (dated 6/14/25 and 12/6/25). There were 23 volunteers in attendance for the 6/4/25 training, and 19 volunteers in attendance for the 12/6/25 training. Also, LBNU submitted the topics discussed shown within the quarterly training agendas, as well as the PPT curriculum LBNU's Chaplain used to facilitate the PREA section of the training. When this auditor reviewed the PPT training

	<p>curriculum, the following topics were discussed:</p> <ol style="list-style-type: none"> <li>1. <i>PREA Definitions,</i></li> <li>2. <i>ARDOC Statistics,</i></li> <li>3. <i>Arkansas Statutory Code, and</i></li> <li>4. <i>PREA Rule Violations/Reporting.</i></li> </ol> <p>Additionally, LBNU's Deputy Warden/PREA Compliance Manager submitted photo evidence of LBNU's usage of ARDOC's "<i>Supervised Volunteer Acknowledgement Forms</i>" for those infrequent volunteers/contractors to review, acknowledge, and prior to their entry into LBNU. The photo evidence included completed "<i>Supervised Volunteer Acknowledgement Forms</i>" and LBNU's "<i>PREA Volunteer Training Log</i>" binder where infrequent volunteers/contractors are filed.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.32.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with 115.33. An excerpt states, "1. <i>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.</i></p> <p>2. <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.</i></p> <p>3. <i>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>4. <i>Each facility shall maintain documentation of participation in Offender education.</i></p> <p>5. <i>Each facility shall ensure that key information is continuously and readily available</i></p>

*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 WellPath’s Health Service Administrator and Director of Nursing. They described the intake process when new inmates arrive at the facility. Inmates go through an intake process that includes a security check in, strip search, drug test, see medical and proceed to the Intake Unit. LBNU began the PREA Information at Intake process 4 to 6 weeks prior to the onsite audit commenced. The new Intake Information process begins with the review of the PREA brochure following the PREA 13-minute video. This auditor also noted that PREA Comprehensive Education was not currently occurring at the facility within 30-Days of the inmate’s intake. This auditor discussed with the intake team the PREA Standard requirement regarding an inmate having access to PREA information upon entry into the facility, then provided Comprehensive PREA Education within 30 days of their intake.

This auditor discussed with LBNU’s Deputy Warden/PREA Compliance Manager and Chief of Security/Major the components needed for both orientation and education. The components discussed entailed New Intake 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 “*LBNU -Intake Processing Inmate Orientation Inmate 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 LBNU’s zero tolerance for sexual abuse/sexual harassment, inmate’s rights, ways to report at LBNU, 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.

Additionally, while onsite, this auditor also interviewed 30 randomly selected LBNU inmates. When this auditor asked each inmate if they received PREA information during their intake, 4 out of 30 shared that they did receive PREA information. Twenty-six out of 30 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). Moreover, during this auditor’s exhaustive onsite review, this auditor observed that LBNU’s PREA reporting signage was posted in English and Spanish. CLEST signage was also noted throughout the facility and in most barracks. Finally, 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 all current LBNU inmates, who have not received PREA Orientation, to receive “*PREA Refresher Education*” which should entail: **1)** LBNU

inmates viewing the updated PREA Education video; **2)** LBNU's facilitating staff read aloud the "*PREA Offender Education Checklist*" to all inmates then have them to initial and sign acknowledgement; **3)** Review who the victim advocacy staff are within the facility, 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 LBNU inmate the ARDOC "*End of Silence*" PREA pamphlet for them to keep containing information specific to the Larry B. Norris Unit.

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

1. LBNU'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. LBNU's assigned intake staff should read aloud the updated "*End of Silence*" PREA pamphlet to all inmates.
3. LBNU's assigned intake staff give each LBNU inmate a "*End of Silence*" PREA pamphlet for them to keep.
4. Finally, LBNU's assigned intake staff should have the inmates sign the "*LBNU Intake Processing Inmate Orientation Acknowledgement Form*," verifying the inmate viewed the video, reviewed the *PREA pamphlet*, and the inmate understands the information.

Additionally, this auditor recommended developing a procedure to ensure that "**Comprehensive PREA Education**" occurs for all new inmates at the facility. Furthermore, LBNU should identify dedicated staff to complete the "*Comprehensive PREA Education*," and going forward, within 30 days of each newly admitted inmate's intake, LBNU should provide "*Comprehensive PREA Education*" in the following manner (or similar):

1. LBNU assigned intake staff should show the inmates the most up to date "*PREA Education Video*" (14-16 minutes long); then
2. LBNU'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 facility victim advocate staff are 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 Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.33. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 40 randomly selected inmates who were present at the time of LBNU's PREA Facility Audit. LBNU's Deputy Warden/PREA Compliance Manager submitted 26 acknowledged and signed ARDOC *"PREA Offender Checklist"* and 14 *"PREA Education Refusal Forms"* (totaling 40 inmates) from inmates who were present at the time of LBNU's PREA Facility onsite audit. The *"PREA Offender Checklists"* and *"PREA Education Refusal Forms"* was used to provide evidence of providing *"PREA Refresher Education"* to current inmates (present during onsite audit).

This auditor also requested to review 25 randomly selected inmates who arrived at LBNU after the time of LBNU's PREA Facility Audit. LBNU's Deputy Warden/PREA Compliance Manager submitted 24 acknowledged and signed ARDOC *"PREA Offender Checklist"* and 1 *"PREA Education Refusal Form"* (totaling 25 inmates) from inmates who arrived to LBNU after the time of LBNU's PREA Facility onsite audit. The *"PREA Offender Checklist"* and *"PREA Education Refusal Form"* was used to provide evidence of providing *"PREA Refresher Education"* to new intake inmates (post onsite audit intakes). LBNU's *"PREA Offender Education Checklist"* entailed education on LBNU's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at LBNU, 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 to LBNU's specialized trained staff victim advocates.

Also, LBNU's Deputy Warden/PCM submitted their *"PREA Staff Refresher Training Agenda/Curriculum"* and staff sign-in sheets (35) as evidence of *"Staff Refresher Training."* The *"PREA Staff Training,"* entailed the training discussion agenda and staff attendance for LBNU's A, B, C, and D shifts. This staff training was conducted on 1/08/26, 1/09/26, and 1/12/26 to ensure that all staff shifts and schedules receive the information. In reviewing LBNU's *"PREA Staff Training Agenda/Curriculum,"* LBNU's training focused

1. LBNU's Voyce Global translation/interpretation services for Limited English Proficient Inmates and procedures for accessing Voyce Global,
2. Victim Advocates- Identifying LBNU's Victim Advocates, their roles, and how inmates can access them for emotional support,

3. *1st Responder duties and Crime Scene Preservation for containing usable evidence,*
4. *PREA Grievances, their purpose, grievance confidentiality, emergency grievances, grievance reporting procedures,*
5. *The role of CLEST (Commission on Law Enforcement Standards and Training) as an external reporting access entity.*

Finally, LBNU's DW/PCM submitted a "Memo" titled, "Intake and 21-30 Day PREA Screening Process for Larry B. Norris Unit" (dated 1/08/26) to this PREA Auditor, sharing LBNU's newly adopted "Intake PREA Inmate Education," procedures, LBNU's "PREA Comprehensive Education" (within 21-30 days of their intake/arrival), The "Memo" shares LBNU's step by step plan to remain in compliance with this standard by providing video, oral, and written PREA information at Intake with a live person (staff). Excluding weekends and holidays, the inmate will receive new inmate orientation that will consist of a PREA video, discussion, and a PREA pamphlet handout. This intake education will be followed by providing LBNU inmates with video, oral, and written PREA comprehensive education with a live person (staff) within 21-30 days of the intake. At this time, the LBNU inmates will receive additional PREA education from a PREA video, discussion and reviewing the "PREA Offender Education Checklist." All this information will be captured through documentation.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.33.

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.34. An excerpt states, "All employees who conduct Sexual Abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include:</p> <ol style="list-style-type: none"> <li>a. <i>Interviewing techniques for Sexual Abuse Victims.</i></li> <li>b. <i>Proper use of Miranda and Garrity warnings.</i></li> <li>c. <i>Sexual Abuse evidence collection in confinement settings.</i></li> </ol>

*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 3 LBNU 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, LBNU’s investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed seven PREA investigators’ 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 Assault Investigation’s Training.*” This PREA auditor also reviewed ARDOC’s 6 module “*Sexual Abuse Investigator’s Training (SAIT)*” in OAS, as evidence of compliance. All modules covered the necessary topics related to PREA’s investigation standards. The module 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.34.

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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 LBNU and observed the medical triage area. This auditor interviewed WellPath's Health Service Administrator (HSA), Director of Nursing (DON), and Mental Health Director (MHD) 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 that the Medical and Mental Health teams recently completed specialized PREA training as soon as he learned of the training requirement. The HSA provided training verification certificates for both the Basic PREA training and PREA Specialized training for 14 Medical and Mental Health contractors. ARDOC's PREA Coordinator shared that WellPath recently created PREA specialized trainings addressing the Medical and Mental Health role when working with sexual abuse victim 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 PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.35.

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="256 264 544 293"><b>Auditor Discussion</b></p> <p data-bbox="256 338 1477 831">This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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-Victimization or sexually predatory behavior. Only Staff who have completed PREA screening training may administer the assessment.</i></p> <p data-bbox="256 875 1437 987"><i>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:</i></p> <ul data-bbox="304 1021 1461 1675" style="list-style-type: none"> <li data-bbox="304 1021 1385 1059"><i>a. Whether the Offender has a mental, physical, or developmental disability;</i></li> <li data-bbox="304 1099 687 1137"><i>b. The age of the Offender;</i></li> <li data-bbox="304 1171 826 1209"><i>c. The physical build of the Offender;</i></li> <li data-bbox="304 1243 1137 1281"><i>d. Whether the Offender has previously been incarcerated;</i></li> <li data-bbox="304 1314 1262 1352"><i>e. Whether the Offender’s criminal history is exclusively nonviolent;</i></li> <li data-bbox="256 1386 1461 1462"><i>f. Whether the Offender has prior convictions for sex offenses against an adult or child;</i></li> <li data-bbox="304 1496 1190 1534"><i>g. Whether the Offender is or is perceived to be LGBTI or GNC;</i></li> <li data-bbox="304 1568 1410 1606"><i>h. Whether the Offender has previously experienced sexual Victimization; and</i></li> <li data-bbox="304 1639 1018 1677"><i>i. The Offender’s own perception of vulnerability.”</i></li> </ul> <p data-bbox="256 1715 1477 1789">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.41.</p> <p data-bbox="256 1827 1477 2074">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/</p>

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 “eOmris” system made the calibration corrections to their PREA Risk Screening Tool.

Furthermore, when this auditor asked LBNU’s Classification Officer and the Medical and Mental Health teams about LBNU’s Initial PREA Screening process as well as their “30-day PREA Risk Screening Reassessments,” they shared that the initial PREA Risk Screening Assessments occur at intake. The Medical Team complete intake screens for all new inmates. The Classification Officer completes all “30-Day PREA Risk Reassessment” within 30 days of arrival to the facility. This new process only became a procedural practice since January 2025. 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.”

Additionally, this auditor requested to see a random selection of 30 inmate “PREA Risk Screenings” in “eOmris.” LBNU provided this auditor 16 out of 30 completed “PREA Risk Screenings.” Moreover, this auditor interviewed a total of 30 LBNU 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 7 out of the 30 interviewed inmates who shared that they did recall being asked those specific screening questions. There were 9 out of the 30 interviewed inmates who shared that they could recall being asked these similar screening questions again (30-day PREA Reassessments). Further, when this auditor asked the LBNU 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-three out of 30 inmates could not recall being asked these intake questions during the intake period.

This auditor recommended that LBNU establish a documented system that ensures that all LBNU inmates receive the “Initial PREA Risk Screening” during the intake process (as a part of intake to LBNU), followed by a “30-day PREA Risk Screening Reassessment” (within 21 to 30-days of their intake to LBNU). Lastly, WellPath’s Mental Health Professional should conduct the “14-Day Follow Up” meeting with inmates who have a history of sexual victimization or sexual perpetration. These “PREA Risk Screenings” should be conducted in a private setting, on a one-to-one basis, and ensure that no “paper screenings” are utilized in the place of the one-on-one interview process (not allowing inmates to fill out a paper PREA screenings on their own, then turn into staff).

This auditor also recommended LBNU 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 Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.41. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 PREA initial and 30-day PREA Risk Reassessment screenings of 25 new intake inmates, to assess if LBNU is conducting screening consistently. ARDOC's PREA Coordinator and LBNU's Deputy Warden/PREA Compliance Manager (DW/PCM) submitted the requested PREA risk screening documentation for the randomly selected 25 LBNU inmates, verifying that PREA initial and 30-day risk reassessment screenings are being consistently completed for all LBNU inmates. The reviewed inmates' documentation showed that 21 out of 25 LBNU inmates received an *"Initial PREA Risk Screening."* All 25 of the randomly selected inmates received their auditor required sweep *"PREA Risk Screenings Reassessments"* to ensure that LBNU inmates had a *"PREA Risk Screening Reassessment"* completed.

Additionally, LBNU's DW/PCM submitted a *"Memo"* titled, *"Intake and 21-30 Day PREA Screening Process for Larry B. Norris Unit"* (dated 1/08/26) to this PREA Auditor, sharing LBNU's newly adopted *"Initial PREA Risk Screening and PREA Risk Screening Reassessments"* (within 21-30 days of their intake/arrival) procedures. The *"Memo"* shares LBNU's step by step PREA Risk Screening plan to remain in compliance with this standard. This *"Memo"* entails Wellpath medical/mental health staff conducting the *"Initial PREA Risk Screening"* upon the inmate's arrival to LBNU. Within 21-30 days of the inmate's arrival, LBNU's Classification will conduct a *"PREA Risk Screening Reassessments"* in a private/individual setting. All this information will be captured through documentation in *"eOmis"* (ARDOC's electronic offender management information system).

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:

1. *Retaliation Monitoring Assessments*
2. *Victim Notification Forms*
3. *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 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.41.

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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</i></p>

as a Potential Sexual Predator in eOMIS.

*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.*

*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 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 LBNU's Classification Officer and the Medical and Mental Health teams about LBNU's Initial PREA Screening process as well as their "30-day PREA Risk Screening Reassessments," they shared that the initial PREA Risk Screening Assessments occur at intake. The Medical Team complete intake screens for all new inmates. The Classification Officer completes all "30-Day PREA Risk Reassessment" within 30 days of arrival to the facility. This new process only became a procedural practice since January 2025. 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."

Additionally, this auditor requested to see a random selection of 30 inmate "PREA Risk Screenings" in "eOmis." LBNU provided this auditor 16 out of 30 completed "PREA Risk Screenings." Moreover, this auditor interviewed a total of 30 LBNU 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 7 out of the 30 interviewed inmates who shared that they did recall being asked those specific screening questions. There were 9 out of the 30 interviewed inmates who shared that they could recall being asked these similar screening questions again (30-day PREA Reassessments). Further, when this auditor asked the LBNU 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-three out of 30 inmates could not recall being asked these intake questions during the intake period.

This auditor interviewed the Classification Officer who shared that LBNU have single occupancy cells from Barracks 1-8 and East/West Isolation. Barracks 9 through 12 are open dormitory layout. Inmates who are at risk for perpetration or have been found guilty of sex crimes are assigned to a single cell. Before they can go to an open dormitory, each inmate completes the risk screening process as well Classification reviewing their background history, disciplinary history and separation information in "eOmis." Inmates are placed in single cells until they go through the Classification Committee where permanent housing is established. Every inmate goes through this placement process within seven days of arrival. The Classification Committee is comprised of the Classification Officer, Deputy Warden, Mental Health, Medical, and Chief of Security. This auditor discussed the importance of considering the most up to date "PREA Risk Screenings" before placing an inmate into facility barracks, bed assignments, work and programming.

This auditor also interviewed 5 transgender inmates and asked if they received "PREA Risk Screenings" at the time of intake, then again within 30-days form intake, if they were afforded the opportunity to shower separate from the other inmates, is their safety concerns seriously considered, and what gender staff pat searches them at LBNU. Each inmate shared that pat searches are done in a professional manner by both female and male officers. This auditor discussed with the LBNU team the considerations for transgender inmates regarding allowing transgenders/intersex inmates to shower separate from other inmates, as well as the importance of ensuring that transgender inmates safety is taken into serious consideration.

During this auditor's exhaustive site review, it was noted that some barrack shower and toileting areas needed additional barriers to provide adequate privacy. This auditor did not observe any LGBTI-specific housing units or programs during the site review. This auditor asked LBNU's Warden and Deputy Warden if transgender inmate's own perception of their safety is taken into serious consideration. Each stated that safety is a priority at LBNU and any mistreatment by other inmates and/or staff can result in disciplinary action. This auditor discussed the specific standard and the details of 115.42 d, e and f. The PREA Standard 115.42 states, "(d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. (e) A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. (f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates."

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.42.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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 LBNU’s Warden, Major 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 30 randomly selected inmates. Each inmate shared that LBNU 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 6 inmates in restrictive housing at LBNU. Each individually shared that they were not placed in restricted housing/segregation because of the outcome of their “<i>PREA Risk Screening</i>” results. 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.43.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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 115.51. Larry B. Norris Unit (LBNU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.51. An excerpt states, *"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:*

*a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;*

*b. Telling any Staff member;*

*c. Writing a note or request to any Staff member;*

*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)," concluding that it has the necessary language to align with PREA Standard 115.51.

Additionally, while onsite, this PREA auditor interviewed a random selection of 30 LBNU 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 LBNU?"* There were 17 of 30 who shared 4 various ways, 5 out of 30 could share 3 various ways to report and 6 out of 30 reported fewer than 2 ways to report. Many of the 30 total inmates interviewed stated different staff names to report versus various reporting avenues/ways to report at LBNU. When this auditor asked the 30 interviewees about an external way for an inmate to report and anonymously, 0 out of the 30 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.

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

This auditor recommended that LBNU provide in-person "Refresher Education" to all LBNU inmates, which should consist of showing the updated PREA video, followed by education on LBNU's zero tolerance policy, inmates right to be free from sexual abuse and sexual harassment, ways to report, where to report, explaining LBNU's external reporting access through "CLEST," who the victim advocates are, 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 Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.51. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 40 randomly selected inmates who were present at the time of LBNU's PREA Facility Audit. LBNU's Deputy Warden/PREA Compliance Manager submitted 26 acknowledged and signed ARDOC "PREA Offender Checklist" and 14 "PREA Education Refusal Forms" (totaling 40 inmates) from inmates who were present at the time of LBNU's PREA Facility onsite audit. The "PREA Offender Checklists" and "PREA Education Refusal Forms" was used to provide evidence of providing "PREA Refresher Education" to current inmates (present during onsite audit).

This auditor also requested to review 25 randomly selected inmates who arrived at LBNU after the time of LBNU's PREA Facility Audit. LBNU's Deputy Warden/PREA Compliance Manager submitted 24 acknowledged and signed ARDOC "PREA Offender Checklist" and 1 "PREA Education Refusal Form" (totaling 25 inmates) from inmates who arrived to LBNU after the time of LBNU's PREA Facility onsite audit. The "PREA Offender Checklist" and "PREA Education Refusal Form" was used to provide evidence of providing "PREA Refresher Education" to new intake inmates (post onsite audit intakes). LBNU's "PREA Offender Education Checklist" entailed education on LBNU's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at LBNU, 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 to LBNU's specialized trained staff victim advocates.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.51.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1469 790">This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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"> <li data-bbox="256 831 1385 904"><i>a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i></li> <li data-bbox="256 943 703 976"><i>b. Telling any Staff member;</i></li> <li data-bbox="256 1014 1002 1048"><i>c. Writing a note or request to any Staff member;</i></li> <li data-bbox="256 1086 1050 1120"><i>d. Sending correspondence to the PREA Coordinator;</i></li> <li data-bbox="256 1158 1193 1191"><i>e. Sending correspondence to the designated external agency;</i></li> <li data-bbox="256 1229 1445 1303"><i>f. Sending confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated as legal mail;</i></li> <li data-bbox="256 1341 995 1375"><i>g. Utilizing the Offender Grievance Procedure; or</i></li> <li data-bbox="256 1413 1430 1487"><i>h. Having a family member or friend make a report to the Warden or DOC PREA Coordinator.</i></li> </ul> <p data-bbox="256 1525 1434 1646"><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 data-bbox="256 1684 1445 1758">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.</p> <p data-bbox="256 1796 1458 2085">While onsite, this auditor interviewed LBNU’s Grievance Officer, who shared that she checks the grievance box daily. She further shared that she is the only LBNU personnel who has access to the <i>“Grievance Box.”</i> 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 <i>eOmni</i> system after the highest-ranking officer on duty is notified of the nature of the</p>

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 one “*Grievance Box*” in the Main Hallway. 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, 4 out of 10 knew that grievance is a PREA reporting avenue for inmates.

Additionally, while onsite, this PREA auditor interviewed a random selection of 30 LBNU 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 LBNU?*” There were 17 of 30 who shared 4 various ways, 5 out of 30 could share 3 various ways to report and 6 out of 30 reported fewer than 2 ways to report. Many of the 30 total inmates interviewed stated different staff names to report versus various reporting avenues/ways to report at LBNU. When this auditor asked the 30 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 12 out of the 30 inmates shared that the “*Grievance Box*” was an avenue to report PREA incidents.

This auditor recommended LBNU provide documented “*Refresher Education*” to all 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 Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.52. Corrective Action was required.

During Larry B. Norris Unit’s (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and LBNU’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 40 randomly selected inmates who were present at the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 26 acknowledged and signed ARDOC “*PREA Offender Checklist*” and 14 “*PREA Education Refusal Forms*” (totaling 40 inmates) from inmates who were present at the time of LBNU’s PREA Facility onsite audit. The “*PREA Offender Checklists*” and “*PREA Education Refusal Forms*” was used to provide evidence of providing “*PREA Refresher Education*” to current inmates (present during onsite audit).

This auditor also requested to review 25 randomly selected inmates who arrived at LBNU after the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 24 acknowledged and signed ARDOC “*PREA Offender Checklist*” and 1 “*PREA Education Refusal Form*” (totaling 25 inmates) from inmates

	<p>who arrived to LBNU after the time of LBNU’s PREA Facility onsite audit. The “<i>PREA Offender Checklist</i>” and “<i>PREA Education Refusal Form</i>” was used to provide evidence of providing “<i>PREA Refresher Education</i>” to new intake inmates (post onsite audit intakes). LBNU’s “<i>PREA Offender Education Checklist</i>” entailed education on LBNU’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at LBNU, 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 to LBNU’s specialized trained staff victim advocates.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.52.</p>
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115.53	Inmate access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.53. An excerpt states, “<i>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.</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 115.53.</p> <p>This auditor also reviewed ARDOC’s Coordinated Response Plan which states, “<i>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.</i>”</p> <p>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.</p> <p>While onsite, this auditor interviewed LBNU’s ACA Manager/Victim Advocate, who</p>

shared that there were 4 specialized trained staff who completed the 4-hour *“Sexual Assault Victim Advocacy Training.”* All training verification certificates were reviewed and verified. She shared that the inmates can currently request a victim advocate, however many inmates may be unaware of who the advocates are.

While on site, this auditor interviewed a random selection of 30 LBNU inmates. When this auditor asked about their knowledge of victim advocacy services provided for inmates at LBNU, 1 out of the 30 inmates knew who the LBNU Victim Advocates were and were unaware that the advocates are for inmate victims of sexual abuse and emotional support for all LBNU inmates.

This auditor recommended that all LBNU inmates receive *“Refresher Education”* focused on who the staff victim advocates are, their role and purpose, and how to access them if needed. Inmates should be aware that the staff victim advocates provide emotional support to all LBNU inmates. This auditor also recommended that LBNU provide *“Refresher Training”* to all staff regarding the support provided by the specialized trained victim advocacy staff within the facility. Staff should be made aware of who they are, their purpose, and how inmates can access them if needed. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.53. Corrective Action was required.

During Larry B. Norris Unit’s (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and LBNU’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 40 randomly selected inmates who were present at the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 26 acknowledged and signed ARDOC *“PREA Offender Checklist”* and 14 *“PREA Education Refusal Forms”* (totaling 40 inmates) from inmates who were present at the time of LBNU’s PREA Facility onsite audit. The *“PREA Offender Checklists”* and *“PREA Education Refusal Forms”* was used to provide evidence of providing *“PREA Refresher Education”* to current inmates (present during onsite audit).

This auditor also requested to review 25 randomly selected inmates who arrived at LBNU after the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 24 acknowledged and signed ARDOC *“PREA Offender Checklist”* and 1 *“PREA Education Refusal Form”* (totaling 25 inmates) from inmates who arrived to LBNU after the time of LBNU’s PREA Facility onsite audit. The *“PREA Offender Checklist”* and *“PREA Education Refusal Form”* was used to provide evidence of providing *“PREA Refresher Education”* to new intake inmates (post onsite audit intakes). LBNU’s *“PREA Offender Education Checklist”* entailed education on LBNU’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at TU, 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 to LBNU’s specialized trained staff victim

	<p>advocates.</p> <p>Also, LBNU's Deputy Warden/PCM submitted their "PREA Staff Refresher Training Agenda/Curriculum" and staff sign-in sheets (35) as evidence of "Staff Refresher Training." The "PREA Staff Training," entailed the training discussion agenda and staff attendance for LBNU's A, B, C, and D shifts. This staff training was conducted on 1/08/26, 1/09/26, and 1/12/26 to ensure that all staff shifts and schedules receive the information. In reviewing LBNU's "PREA Staff Training Agenda/Curriculum," LBNU's training focused on the following:</p> <ol style="list-style-type: none"> <li>1. <i>LBNU's Voyce Global translation/interpretation services for Limited English Proficient Inmates and procedures for accessing Voyce Global,</i></li> <li>2. <i>Victim Advocates- Identifying LBNU's Victim Advocates, their roles, and how inmates can access them for emotional support,</i></li> <li>3. <i>1st Responder duties and Crime Scene Preservation for containing usable evidence,</i></li> <li>4. <i>PREA Grievances, their purpose, grievance confidentiality, emergency grievances, grievance reporting procedures,</i></li> <li>5. <i>The role of CLEST (Commission on Law Enforcement Standards and Training) as an external reporting access entity.</i></li> </ol> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.53.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.54. An excerpt states, "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:</p> <ol style="list-style-type: none"> <li>a. <i>Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i></li> <li>b. <i>Telling any Staff member;</i></li> </ol>

- c. Writing a note or request to any Staff member;*
- 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 115.54.

This auditor also reviewed the third-party reporting option for contracted ARDOC 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 30 inmates, asking of ways a LBNU inmate could report sexual abuse or sexual harassment. There were only 13 out of 30 who responded that they could report through a 3rd Party. This auditor also reviewed LBNU’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 LBNU 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 Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.54. Corrective Action was required.

During Larry B. Norris Unit’s (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and LBNU’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 40 randomly selected inmates who were present at the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 26 acknowledged and signed ARDOC *“PREA Offender Checklist”* and 14 *“PREA Education Refusal Forms”* (totaling 40 inmates) from inmates who were present at the time of LBNU’s PREA Facility onsite audit. The *“PREA Offender Checklists”* and *“PREA Education Refusal Forms”* was used to provide evidence of providing *“PREA Refresher Education”* to current inmates (present during onsite audit).

This auditor also requested to review 25 randomly selected inmates who arrived at LBNU after the time of LBNU’s PREA Facility Audit. LBNU’s Deputy Warden/PREA Compliance Manager submitted 24 acknowledged and signed ARDOC *“PREA Offender Checklist”* and 1 *“PREA Education Refusal Form”* (totaling 25 inmates) from inmates who arrived to LBNU after the time of LBNU’s PREA Facility onsite audit. The *“PREA Offender Checklist”* and *“PREA Education Refusal Form”* was used to provide evidence of providing *“PREA Refresher Education”* to new intake inmates (post onsite audit intakes). LBNU’s *“PREA Offender Education Checklist”* entailed education on LBNU’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at LBNU, 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 to LBNU’s specialized trained staff victim advocates.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.54.

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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 22 randomly selected LBNU 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 LBNU. Finally, this auditor interviewed 30 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.61.</p>
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<b>115.62</b>	<p><b>Agency protection duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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</i></p>
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	<p><i>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 22 randomly selected LBNU 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/ LBNU’s PREA Compliance Manager, recommending changing barrack assignments or programming adjustments. Finally, this auditor interviewed 30 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.62.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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><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>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>While on site, this auditor interviewed LBNU’s Warden and asked if LBNU received any reports from inmates within the last 12 months. He shared that LBNU received two allegations and provided letter correspondence as evidence of his response to those</p>

	<p>inmate reports. He additionally shared the procedures regarding his reporting and handling process and had the ARDOC specific letter template for formal communications to other facilities. The LBNU Warden stated that if a report of sexual abuse came from an inmate regarding another facility, LBNU’s specialized trained PREA Investigators would provide support to the previous facility investigators throughout the investigation if such a report was received. LBNU’s Warden demonstrated understanding and practice of the process. He shared that he would implement ARDOC’s letter template immediately. This auditor discussed the timeline if an LBNU inmate reports sexual abuse that occurred at a previous facility and that LBNU is responsible to provide a written notice to the facility within 72 hours by either herself or the designee.</p> <p>LBNU 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 LBNU’s Warden to inform other confinement facility heads of sexual abuse incidents which occurred at a previous confinement facility and was reported by an LBNU inmate. Finally, this auditor interviewed 30 randomly selected inmates. Two interviewed inmates shared that they reported being a victim of unreported sexual abuse at a previous facility and shared that investigations were started immediately.</p> <p>This PREA auditor concludes that the Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.63.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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> <p><i>a. The separation of the Victim and Perpetrator.</i></p> <p><i>b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.</i></p>

i. *The only persons permitted to enter a secured crime scene shall be Arkansas State Police, the assigned investigator, or medical Staff as needed.*

ii. *The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.*

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;*

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;*

e. *The PREA checklist will be initiated immediately by the First Responder."*

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.

While onsite, this auditor interviewed a random selection of 10 LBNU 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. Six out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. Six 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. Six out of 10 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 LBNU's training curriculum, which contained all the first responder duty deliverables within its information.

This auditor recommended that LBNU provide "Refresher Training" to all LBNU staff, focused on "Crime Scene Preservation" as well as their "First Responder Duties." This training should include staff understanding their duties to separate the alleged victim from the abuser, preserving the crime scene suggesting the victim not to change their clothing, use the toilet, or shower, requesting the victim not to change their clothing, use the toilet, or shower to preserve usable evidence. Training should be documented and acknowledged with staff signatures as verification of compliance. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.64. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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, LBNU's

	<p>Deputy Warden/PREA Compliance Manager submitted their <i>“PREA Staff Refresher Training Agenda/Curriculum”</i> and staff sign-in sheets (35) as evidence of <i>“Staff Refresher Training.”</i> The <i>“PREA Staff Training,”</i> entailed the training discussion agenda and staff attendance for LBNU’s A, B, C, and D shifts. This staff training was conducted on 1/08/26, 1/09/26, and 1/12/26 to ensure that all staff shifts and schedules receive the information. In reviewing LBNU’s <i>“PREA Staff Training Agenda/ Curriculum,”</i> LBNU’s training focused on the following:</p> <ol style="list-style-type: none"> <li>1. <i>LBNU’s Voyce Global translation/interpretation services for Limited English Proficient Inmates and procedures for accessing Voyce Global,</i></li> <li>2. <i>Victim Advocates- Identifying LBNU’s Victim Advocates, their roles, and how inmates can access them for emotional support,</i></li> <li>3. <i>1st Responder Duties and Crime Scene Preservation for containing usable evidence,</i></li> <li>4. <i>PREA Grievances, their purpose, grievance confidentiality, emergency grievances, grievance reporting procedures,</i></li> <li>5. <i>The role of CLEST (Commission on Law Enforcement Standards and Training) as an external reporting access entity.</i></li> </ol> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.64.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their <i>“Arkansas Department of Corrections Coordinated Response Plan (24 pages)”</i> 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 <i>“ARDOC’s Secretarial Directive (2024-02)”</i> and has concluded that it has the necessary language to align with PREA Standard 115.65.</p> <p>While onsite, this auditor interviewed 7 specialized staff (medical, mental health,</p>

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.

While onsite, this auditor interviewed a random selection of 10 LBNU 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. Six out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. Six 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. Six out of 10 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 LBNU's training curriculum, which contained all the first responder duty deliverables within its information.

This auditor recommended LBNU provide "*Refresher Training*" to all LBNU staff, focused on "*Crime Scene Preservation*" as well as their "*First Responder Duties.*" This training should include staff understanding their duties to separate the alleged victim from the abuser, preserving the crime scene suggesting the victim not to change their clothing, use the toilet, or shower, requesting the victim not to change their clothing, use the toilet, or shower to preserve usable evidence. Training should be documented and acknowledged with staff signatures as verification of compliance. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.65. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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, LBNU's Deputy Warden/PREA Compliance Manager submitted their "*PREA Staff Refresher Training Agenda/Curriculum*" and staff sign-in sheets (35) as evidence of "*Staff Refresher Training.*" The "*PREA Staff Training,*" entailed the training discussion agenda and staff attendance for LBNU's A, B, C, and D shifts. This staff training was conducted on 1/08/26, 1/09/26, and 1/12/26 to ensure that all staff shifts and schedules receive the information. In reviewing LBNU's "*PREA Staff Training Agenda/Curriculum,*" LBNU's training focused on the following:

1. *LBNU's Voyce Global translation/interpretation services for Limited English Proficient Inmates and procedures for accessing Voyce Global,*
2. *Victim Advocates- Identifying LBNU's Victim Advocates, their roles, and how inmates can access them for emotional support,*
3. *1st Responder Duties and Crime Scene Preservation for containing usable evidence,*

	<p>4. <i>PREA Grievances, their purpose, grievance confidentiality, emergency grievances, grievance reporting procedures,</i></p> <p>5. <i>The role of CLEST (Commission on Law Enforcement Standards and Training) as an external reporting access entity.</i></p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.65.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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 Larry B. Norris Unit (LBNU), 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 LBNU. Each individually affirmed that Arkansas is not a union state, and ARDOC is not a union agency. They further shared that ARDOC and LBNU 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 7 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.66.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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</p>

relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.67. Larry B. Norris Unit (LBNU) 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 3 LBNU 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 the certificates of the 3 PREA Investigator’s Specialized Training through ARDOC’s “*Sexual Abuse Investigations Training (SAIT)*.” LBNU provided 7 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 LBNU 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 LBNU’s PREA Investigator reporting style and investigation content. This auditor reviewed 10 randomly selected PREA investigations (7 Sexual Harassment and 3 Sexual Abuse). While reviewing each selected completed investigation packet, this auditor identified that 10 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

	<p>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.</p> <p>Finally, this auditor interviewed 30 randomly selected LBNU inmates asking, <i>“Have you reported or has there been any reports of sexual abuse of sexual harassment at LBNU since you’ve been here?”</i> Twenty-eight inmates stated that they had not reported sexual abuse while at LBNU.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.67.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> 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 <i>“ARDOC’s Secretarial Directive (2024-02)”</i> and concluded that it has the necessary language to align with PREA Standard 115.68.</p> <p>While on site, this auditor interviewed LBNU’s Warden and Deputy Warden/PREA Compliance Manager. During these interviews, there was a consensus that if an inmate reported sexual abuse, according to LBNU’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 6 inmates in restrictive housing at LBNU. Each individually shared that they were not placed in restricted housing/segregation because of reporting a <i>“PREA Incident.”</i> Finally, this auditor conducted an exhaustive site review/tour and</p>

	<p>confirmed that their restricted housing is mainly utilized for disciplinary behavior sanctions.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.68.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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 115.71. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.71. An excerpt states, <i>“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.</i></p> <p><i>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.”</i></p> <p>ARDOC’s PC also submitted their revised “Arkansas Department of Corrections PREA Secretarial Directive (SD 2025-01)” as evidence of compliance with PREA Standard 115.71. The revised excerpt now states, <i>“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.”</i></p> <p>Additionally, ARDOC’s PC submitted their revised “Arkansas Department of Corrections Internal Affairs Secretarial Directive (SD 2025-02)” as evidence of compliance with PREA Standard 115.71. The revised excerpt now states, <i>“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</i></p>

*dictated in the current PREA Secretarial Directive.”*

This auditor reviewed “ARDOC’s Secretarial Directive (2025-01 and 2025-02)” 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."*

An additional excerpt from ARDOC’s Secretarial Directive (2024-02) 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... The Victim shall be informed within thirty (30) days of the conclusion of the investigation.”

While on site, this auditor interviewed 3 LBNU 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 the certificates of the 3 PREA Investigator’s Specialized Training through ARDOC’s “Sexual Abuse Investigations Training (SAIT).” LBNU provided 7 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 LBNU (3 Sexual Abuse; 7 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 and had the PREA investigation outcomes “PREA Investigation Determination 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) for files in 2025.

This auditor interviewed ARDOC's PREA Coordinator, LBNU'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 LBNU 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 PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.71. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 15 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC's PREA Coordinator submitted the 15 requested PREA Investigations which occurred during this Corrective Action Period (3 SA and 12 SH PREA investigations) (1 substantiated inmate on inmate sexual harassment; 5 unsubstantiated inmate on inmate sexual harassment; 2 unfounded inmate on inmate sexual abuse, 1 unfounded staff on inmate sexual abuse, 3 unsubstantiated staff on inmate sexual harassment, 2 unfounded staff on inmate sexual harassment, and 1 substantiated staff on inmate sexual harassment) . Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 15 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 3 sexual abuse (all 3 were unfounded) investigations had signed/completed *"Notice of PREA Investigation Status"* (inmate notifications). There were 0 substantiated or unsubstantiated sexual abuse investigations. (No completed and signed *"Sexual Abuse Incident Review"* team meetings documentation attached or needed).

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.71.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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, "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."

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.72.

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,

***"DETERMINATION OF FINDINGS:***

*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:*

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"*

While on site, this auditor interviewed 3 LBNU 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 the certificates of the 3 PREA Investigator's Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)." LBNU provided 7 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 LBNU (3 Sexual Abuse; 7 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 and had PREA investigation outcomes "PREA Investigation Determination 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) for files in 2025.

Moreover, during LBNU's onsite PREA audit closeout debriefing meeting with ARDOC's PC, LBNU's Warden, Deputy Warden/PCM, and Chief of Security/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.

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 115.72. 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 LBNU ensures that each concluded PREA Administrative Investigation packet have a completed "PREA Investigation Determination Cover Sheet." Additionally, this auditor recommended that LBNU establish a period of consistency in practice of following/adhering to the above-mentioned recommendations before a determination of compliance can be concluded. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.72. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 15 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC's PREA Coordinator submitted the 15 requested PREA Investigations which occurred during this Corrective Action Period (3 SA and 12 SH PREA investigations) (1 substantiated inmate on inmate sexual harassment; 5 unsubstantiated inmate on inmate sexual harassment; 2 unfounded inmate on inmate sexual abuse, 1 unfounded staff on inmate sexual abuse, 3 unsubstantiated staff on inmate sexual harassment, 2 unfounded staff on inmate sexual harassment, and 1 substantiated staff on inmate sexual harassment) . Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 15 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 3 sexual abuse

	<p>(all 3 were unfounded) investigations had signed/completed <i>“Notice of PREA Investigation Status”</i> (inmate notifications). There were 0 substantiated or unsubstantiated sexual abuse investigations. (No completed and signed <i>“Sexual Abuse Incident Review”</i> team meetings documentation attached or needed).</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.72.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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"> <li><i>a. Allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded.</i></li> <li><i>b. Perpetrator is no longer posted within the Victim’s unit.</i></li> <li><i>c. Perpetrator is no longer employed. d. Perpetrator has been indicted or convicted on a charge related to the Sexual Abuse.</i></li> </ul> <p><i>The obligation to inform the Victim shall terminate if they are released from custody.”</i></p> <p>This auditor reviewed <i>“ARDOC’s Secretarial Directive (2024-02)”</i> and concluded that it has the necessary language to align with PREA Standard 115.73.</p> <p>This PREA auditor also reviewed ARDOC’s <i>“Coordinated Response Plan,”</i> 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 <i>“Coordinated Response Plan”</i> offender notification sections states,</p> <p><b><i>“OFFENDER NOTIFICATION</i></b></p>

**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 3 LBNU 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 the certificates of the 3 PREA Investigator’s Specialized Training through ARDOC’s “Sexual Abuse Investigations Training (SAIT).” LBNU provided 7 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 LBNU (3 Sexual Abuse; 7 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 did have “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 3 reviewed (1 substantiated, 2 unsubstantiated) 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 LBNU’s PREA Compliance Manager 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 whether substantiated, unsubstantiated or unfounded, before compliance can be determined. This “Notice of PREA Investigation Status” should be signed and be a part of the completed/concluded PREA Administrative Investigation paperwork/packet. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.73. Corrective Action was required.

During Larry B. Norris Unit’s (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s

	<p>PREA Coordinator (PC) and LBNU’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 18 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC’s PREA Coordinator submitted the 15 requested PREA Investigations which occurred during this Corrective Action Period (3 SA and 12 SH PREA investigations) (1 substantiated inmate on inmate sexual harassment; 5 unsubstantiated inmate on inmate sexual harassment; 2 unfounded inmate on inmate sexual abuse, 1 unfounded staff on inmate sexual abuse, 3 unsubstantiated staff on inmate sexual harassment, 2 unfounded staff on inmate sexual harassment, and 1 substantiated staff on inmate sexual harassment) . 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 15 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 3 sexual abuse (all 3 were unfounded) investigations had signed/completed <i>“Notice of PREA Investigation Status”</i> (inmate notifications). There were 0 substantiated or unsubstantiated sexual abuse investigations. (No completed and signed <i>“Sexual Abuse Incident Review”</i> team meetings documentation attached or needed).</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.73.</p>
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<p><b>115.76</b></p>	<p><b>Disciplinary sanctions for staff</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> 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</i></p>

*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 concluded that it has the necessary language to align with PREA Standard 115.76.

While on site, this auditor interviewed LBNU's Warden who shared that LBNU'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 LBNU's Warden.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.76.

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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 115.77. Larry B. Norris Unit (LBNU) 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.</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,</i></p>

*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 LBNU’s Warden who shared that ARDOC’s and LBNU’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 LBNU 's Warden and ARDOC’s PREA Coordinator.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.77.

115.78	Disciplinary sanctions for inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.78. An excerpt states, <i>“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.</i></p> <p><i>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.</i></p> <p><i>c. Offenders may not be disciplined for Sexual Abuse of a Staff member if the Staff</i></p>

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.

	<p><b>10-5.</b> Masturbation in the presence of another inmate.</p> <p><b>10-7.</b> Demanding sexual contact in trade or for protection from physical harm or mental anguish, or other victimization.</p> <p><b>4-10.</b> 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.</p> <p><b>4-19.</b> 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.</p> <p>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.</p> <p>While onsite, this auditor interviewed 30 inmates and asked about LBNU’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 LBNU’s facility. Each interviewed inmate stated that sexual abuse is not tolerated and is a “<b>CLASS A</b>” infraction. This PREA auditor also interviewed LBNU’s Warden. He shared that LBNU’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. LBNU’s Warden also shared that disciplinaries are handled by the “<i>Disciplinary Hearing Committee</i>” to provide sanctions and interventions for inmates.</p> <p>Finally, LBNU’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.</p> <p>This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.78.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.81. An excerpt states, *"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."*

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.

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 WellPath's Mental Health Director, Mental Health Coordinator and the RSVP Program Manager who explained the process of gathering risk of victimization and abusive information in the "eOmis" system. During the interview, LBNU's Intake Sargent shared that *"Once an inmate arrives at this facility, we conduct an "Initial" or "Transfer" PREA Risk Screening 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. They were unaware that mental health required communication in order to follow up with a 14-day session.

This auditor interviewed WellPath's Mental Health Director, Health Service Administrator, and Director of Nursing who all shared how follow up screenings are occurring. 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. Medical shared that they offer the 14-Day follow up the same day of arrival within the intake process and communicate with Mental Health if a 14-day follow up. This auditor noted that no inmates stated they wanted a follow up to occur due to the enormity of information received during the intake process.

This auditor discussed this PREA Standard's requirement for a follow-up meeting within 14-days for all inmates whose screening indicates that the inmate has a history of sexual victimization or sexual perpetration. This auditor further shared that follow-up appointments should not be offered during the intake process, rather after the intake process has concluded and inmates are settled in their assigned housing location. Finally, this auditor shared that a progress/case note should be documented, specifically stating that the session is a result of the outcome of the PREA Risk Screening. The Mental Health Director began implementing this protocol immediately while this auditor was onsite. He had completed 12 follow-up sessions and offered further mental health services to each inmate seen.

This auditor recommended that Wellpath's Medical and Mental Health teams establish procedures discussed that ensures that individual follow up sessions occur within 14 days of 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 prior to the 14-day threshold.

This auditor also recommended that Wellpath's Medical staff conducting the "Intake PREA Risk Screening," send a referral email to Wellpath's Mental Health team immediately after a screening is completed and the screening indicated that an inmate has a history of sexual victimization or sexual perpetration. This is to ensure that the Mental Health team have enough time to complete a 14-day follow-up with the inmate.

Furthermore, this auditor recommended that 14-day follow-up sessions should occur after the intake process, and not during an inmate's intake at LBNU. 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 LBNU'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 LBNU demonstrate consistency in practice before compliance can be determined. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.81. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 reviewed randomly selected "Mental Health Services Encounters" of 6 most recent LBNU inmates, who had history of sexual victimization and/or sexual abusiveness. The submitted 6 Wellpath "Mental Health Services Encounters" 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 refusal for follow-up note (if the inmate refused follow-up services), or a signed acknowledgement form documenting the inmate's refusal of follow-up services.

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.81.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.82. An excerpt states, *“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.*

*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.*

*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 115.82.

While on site, this auditor conducted an exhaustive site review/tour of LBNU and observed a medical hospital for medical services at LBNU. This auditor interviewed medical contractor, WellPath’s Health Service Administrator and Director of Nursing, who shared that LBNU primarily utilizes “University of Arkansas Medical Sciences” or “Baptist Health Hospital” for medical services for their inmates. WellPath’s Health Services Administrator and additional nursing personnel to assist inmates in navigating the services LBNU inmates need. The WellPath Health Service Administrator, Director of Nursing and Mental Health Director shared that medical and mental health decisions are made based on their professional judgements, and victim inmates are informed about emergency contraception by the local hospital they are taken to and followed up by LBNU (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>Additionally, the Health Service Administrator, Director of Nursing and Mental Health Director shared that LBNU staff work together to ensure that victims receive appropriate medical and mental health care, as well as emotional support provisions. LBNU 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 Director, Director of Nursing and Health Service Administrator 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 30 inmates, asking about the effectiveness of medical and mental health care. All 30 inmates shared positive responses about the provision of support, response, and assistance by LBNU 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.82.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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 LBNU and observed a medical hospital for medical services at LBNU. This auditor interviewed medical contractor, WellPath's Health Service Administrator and Director of Nursing, who shared that LBNU primarily utilizes "*University of Arkansas Medical Sciences*" or "*Baptist Health Hospital*" for medical services for their inmates. WellPath's Health Services Administrator and additional nursing personnel assist in navigating the services LBNU inmates need. The WellPath Health Service Administrator, Director of Nursing and Mental Health Director shared that medical and mental health decisions are made based on their professional judgements. Furthermore, 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 sessions that accompanies it as well.

Additionally, the Health Service Administrator and Mental Health Director shared that LBNU staff work together to ensure that that victims receive appropriate medical and mental health care, as well as emotional support provisions. LBNU 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 Director 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 30 inmates, asking about the effectiveness of medical and mental health care. All 30 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.83.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="256 188 959 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1469 918">This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris Unit (LBNU) 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"> <li data-bbox="256 958 1469 1030"><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></li> <li data-bbox="256 1070 1469 1187"><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></li> <li data-bbox="256 1227 1469 1299"><i>c. Examine the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse.</i></li> <li data-bbox="256 1339 1469 1375"><i>d. Assess the adequacy of Staffing levels in that area during different shifts.</i></li> <li data-bbox="256 1415 1469 1487"><i>e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by Staff.</i></li> <li data-bbox="256 1527 1469 1644"><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></li> </ul> <p data-bbox="256 1684 1469 1756"><i>The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.”</i></p> <p data-bbox="256 1796 1469 1868">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> <p data-bbox="256 1908 1469 2069">While on site, this auditor interviewed LBNU’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 LBNU has not yet established an SAIR</p>

team. 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" (SAIR) form culminates to a findings and recommendations section, which determines need based on the above-mentioned assessments by the SAIR team.

While on site, this auditor interviewed 3 LBNU 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. LBNU's PCM also submitted copies of 7 LBNU PREA Investigator's Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)."

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 LBNU 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.

Finally, this auditor requested complete investigations within the past 12 months. This auditor reviewed 10 randomly selected PREA investigations (7 Sexual Harassment and 3 Sexual Abuse). While reviewing each completed investigation packet, this auditor observed that there were 0 Sexual Abuse Incident Review (SAIR) team

meeting verifications for any of the sexual abuse substantiated and unsubstantiated cases.

This auditor recommended LBNU's PREA Compliance Manager identify a multi-disciplinary SAIR committee and establish consistency in practice of ensuring that all substantiated and unsubstantiated Sexual Abuse investigations be reviewed in the Sexual Abuse Incident Review meetings within the 30-day period before compliance can be determined. All "*Sexual Abuse Incident Review*" should be a part of the completed/concluded PREA Administrative Investigation paperwork/packet. This PREA auditor concluded that Larry B. Norris Unit (LBNU) was not in compliance with PREA Standard 115.86. Corrective Action was required.

During Larry B. Norris Unit's (LBNU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and LBNU'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 15 randomly selected completed PREA investigations which occurred during this Corrective Action Period (CAP). ARDOC's PREA Coordinator submitted the 15 requested PREA Investigations which occurred during this Corrective Action Period (3 SA and 12 SH PREA investigations) (1 substantiated inmate on inmate sexual harassment; 5 unsubstantiated inmate on inmate sexual harassment; 2 unfounded inmate on inmate sexual abuse, 1 unfounded staff on inmate sexual abuse, 3 unsubstantiated staff on inmate sexual harassment, 2 unfounded staff on inmate sexual harassment, and 1 substantiated staff on inmate sexual harassment) . Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 15 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 3 sexual abuse (all 3 were unfounded) investigations had signed/completed "*Notice of PREA Investigation Status*" (inmate notifications). There were 0 substantiated or unsubstantiated sexual abuse investigations. (No completed and signed "*Sexual Abuse Incident Review*" team meetings documentation attached or needed).

This PREA auditor concludes that Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.86.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris 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 115.87. An excerpt states, "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.*

*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

	<p>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 2024. 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.87.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris 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, “1. <i>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>2. <i>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>3. <i>All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.</i></p> <p>4. <i>Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.</i></p> <p>5. <i>Aggregated data collected shall be made available to the public annually through the DOC website.</i></p>

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 115.88.

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 2024. 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.88.

115.89	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>
	This PREA Auditor reviewed Larry B. Norris Unit (LBNU) 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. Larry B. Norris 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, “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.*

*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 115.89.

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 2024. 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.89.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Larry B. Norris Unit (LBNU) understands PREA Standard 115.401, which states, <i>“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.”</i> 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. Larry B. Norris Unit plans to continue to have a PREA audit conducted every three years. This is LBNU'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 Larry B. Norris 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. LBNU 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 Larry B. Norris Unit (LBNU) is in compliance with PREA Standard 115.401.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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	yes

	practices?	
	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 consideration: Any applicable State or local laws, regulations, or standards?	yes
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	

	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c) Supervision and monitoring</b>		
	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
<b>115.13 (d) Supervision and monitoring</b>		
	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
<b>115.14 (a) Youthful inmates</b>		
	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
<b>115.14 (b) Youthful inmates</b>		
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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	yes

	genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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	yes

	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?	
	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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret	yes

	effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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 U.S.C. 1997)?	yes
	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

<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse	yes

	investigations.)	
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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	yes

	forensic medical examination process and investigatory interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both	yes

	the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	
<b>115.31 (a)</b>	<b>Employee training</b>	
	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 inmates on how to avoid inappropriate relationships with inmates?	yes
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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	yes

	facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	

	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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 prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities	yes

	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.)	
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	yes

	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.)	
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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	yes

	an adult or child?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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 being sexually abusive, to inform: Work 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: 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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

<b>115.42 (c) Use of screening information</b>		
	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
<b>115.42 (d) Use of screening information</b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (e) Use of screening information</b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (f) Use of screening information</b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (g) Use of screening information</b>		
	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
<b>115.43 (a) Protective Custody</b>		
	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
<b>115.43 (b) Protective Custody</b>		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes

	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	

	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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 and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
<b>115.51 (c) Inmate reporting</b>		
	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
<b>115.51 (d) Inmate reporting</b>		
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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 is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	of imminent sexual abuse? (N/A if agency is exempt from this standard.)	
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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 inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a	yes

	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?	
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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	yes

	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?	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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	yes

	are charged with monitoring retaliation?	
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	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 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	yes

	reviews of staff?	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or	yes

	employed by the agency, plus five years?	
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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
<b>115.73 (d) Reporting to inmates</b>		
	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
<b>115.73 (e) Reporting to inmates</b>		
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a) Disciplinary sanctions for staff</b>		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b) Disciplinary sanctions for staff</b>		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances	yes

	of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph §	na

	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.)	
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	

	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.	no
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	

	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
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# PREA Agency Audit Report: Final

**Name of Agency:** Arkansas Department of Corrections

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 07/30/2024

**Date Final Report Submitted:** 01/22/2025

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"/>
<b>Auditor Full Name as Signed:</b> DeShane Reed	<b>Date of Signature:</b> 01/22/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Reed, DeShane
<b>Email:</b>	dreed@drbconsultinggroup.com
<b>Start Date of On-Site Audit:</b>	
<b>End Date of On-Site Audit:</b>	

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Lindsay Wallace
<b>Email Address:</b>	Lindsay.Wallace@doc.arkansas.gov
<b>Telephone Number:</b>	501-682-3309

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Haley Trantham	<b>Email Address:</b>	haley.trantham@doc.arkansas.gov

<b>Agency AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
10	
<b>Number of standards not met:</b>	
0	

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. Arkansas Department of Corrections submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.11. It 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, rumor, appearance, or participant</i></p>

*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.

Arkansas Department of Corrections (ARDOC) submitted their Organizational Chart which identified their 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 (Agency Head), 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). However, 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 sees this as a daunting/overwhelming task for a single PREA Coordinator, without consistent support, to be effective and successful.

This auditor recommended ARDOC Secretary of Corrections develop an Agency-level PREA Compliance Unit (PCU), or add a team, which consists of 1 to 2 assigned ARDOC staff to be added to ARDOC PREA Coordinator’s team. The assigned team member(s) could take on a designated group of tasks, to afford ARDOC’s PREA Coordinator with enough time to effectively engage in her primary PREA Coordinating role. This auditor concluded that Arkansas Department of Corrections (ARDOC) was not in compliance with this PREA standard. Corrective Action was required.

During ARDOC’s Corrective Action Period (CAP), this auditor conducted multiple meetings and engaged in a series of email correspondence with ARDOC’s PREA Coordinator. The goal was to discuss and track the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, 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. Additionally, ARDOC's PREA Coordinator submitted the “welcome email” she sent to all ARDOC facilities PREA Compliance Managers, informing them of their *Assistant PREA Coordinator/Administrative Analyst’s* new hire. See ARDOC's PREA Coordinator's redacted email below:

From: -----, PREA Coordinator (DOC)  
 Sent: Tuesday, November 26, 2024, 9:33 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)

Finally, 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 Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.11.

115.12	Contracting with other entities for the confinement of inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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.</p> <p>Arkansas Department of Corrections submitted in OAS 53 of their contracts for confinement. Three contracts were with "Re-Entry Facilities" and 50 were with contracted jails through their "309 Program 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</p>

inmates. This auditor reviewed the 3 contracts ARDOC have with the "Re-Entry Facilities." Each of the 3 had language in the contracts which aligns with this PREA Standard. When this auditor reviewed the language in the 50 ARDOC "309 Contracts," they did not contain the language required for the contracted entities to be compliant with ALL PREA Standards. USDOJ PREA Standard 115.12 language 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 50 "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:

1. *Emergency response to an incident of sexual abuse or assault*
2. *Standard response protocols to reported incidents of sexual harassment*
3. *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, doesn't comply with all PREA Standards. Becoming fully PREA compliant is not in 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 the ARDOC provide monitoring to all its participating "309" county jails, with the goal of ensuring full PREA compliance through receiving a PREA Audit. This auditor concluded that

	<p>Arkansas Department of Corrections (ARDOC) was not in compliance with this PREA standard. Corrective Action was required.</p> <p>During ARDOC’s Corrective Action Period (CAP), this auditor conducted multiple meetings and engaged in a series of email correspondence with ARDOC’s PREA Coordinator and ARDOC’s Legal/Contracts Team. The goal was to discuss and track the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, 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 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 52 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, “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.”</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 Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.12.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. Arkansas Department of Corrections submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-03: Subject: Employment)” as evidence</p>

of compliance with PREA Standard 115.17. An excerpt states, *“The Department shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who: **t.** 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); **11.** 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; or **w.** Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph **(a)(ii)** of this section.”* Arkansas Department of Corrections also submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.17. An excerpt states, *“**a.** 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.”* This auditor reviewed “ARDOC’s Secretarial Directive (2024-03; Subject: Employment)” and (2024-02: Subject: PREA), concluding that they have the necessary language to align with PREA Standard 115.17.

While onsite, this PREA auditor interviewed two ARDOC Human Resource (HR) Managers. Both shared that ARDOC conducts background checks 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 ARDOC’s HR Managers about conducting 5-year background checks (on employees and contractors) and “PREA Affirming Acknowledgement Disclosures” for employees, ARDOC’s HR shared that they have not been conducting background checks, at minimum, every 5 years of employees or contractors beyond their initial background checks. Furthermore, ARDOC’s HR shared that they have not been consistent in administering their “PREA Affirming Acknowledgement Disclosures” to all employees at hire, upon promotion, or as a part of performance reviews.

This auditor randomly selected 75 employee files. This auditor’s random selection consisted of employees of various years of service and rank, from ARDOC’s 25 facilities. This auditor confirmed that 0 of the 75 employee files had 5-year background/promotion background checks for active employees with 5 plus years of service or who received promotions. Additionally, 0 of 75 employees had “PREA Affirming Acknowledgement Disclosures” in their files. Three of the 10 selected employee files were staff who were promoted. Finally, this auditor asked ARDOC PREA Coordinator (PC) if ARDOC discloses former employee substantiation of sexual abuse or sexual harassment. ARDOC’s PC share 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:*

- (A) Date and duration of employment;
- (B) Current pay rate and wage history;
- (C) Job description and duties;
- (D) The last written performance evaluation prepared prior to the date of the request;
- (E) Attendance information;
- (F) Results of drug or alcohol tests administered within one (1) year prior to the request;
- (G) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- (H) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (I) Whether the employee is eligible for rehire."

This auditor recommended HR develop procedures which aligns with their "Secretarial Directives" and PREA Standards on conducting initial background checks and 5-year background checks on employees and contractors (who may have contact with inmates/residents), background checks for employee promotions, and administering "PREA Affirming Acknowledgement Disclosures." This auditor also recommended ARDOC's HR conduct background checks on all ARDOC employees to establish a new baseline for structured background checks. Additionally, this auditor recommended ARDOC administer their "PREA Affirming Acknowledgement Disclosure" to all ARDOC employees, to establish a new baseline of administering annual acknowledgements.

Finally, this auditor recommended receiving a "MEMO" from ARDOC's Secretary of Corrections affirming that going forward initial and 5-year background checks will be conducted on all ARDOC employees and contractors (who may have contact with inmates/residents), background checks completed for ARDOC employees prior to promotions, and administering their "PREA Affirming Acknowledgement Disclosures" to all ARDOC employees annually. This auditor concluded that Arkansas Department of Corrections (ARDOC) was not in compliance with this PREA standard. Corrective Action was required.

During ARDOC's Corrective Action Period (CAP), this auditor conducted multiple meetings and engaged in a series of email correspondence with ARDOC's PREA Coordinator. The goal was to discuss and track the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC's Secretary of Corrections submitted a "MEMO" (on 7/15/24) affirming that initial background checks will be conducted on all existing employees at least every 5-years and upon promotion. ARDOC's Secretary of Corrections "MEMO" also affirmed that DOC will require all prospective employees to complete a questionnaire regarding any previous misconduct under this PREA Standard 115.17. ARDOC Secretary of Corrections "MEMO" further shared that employees will be required to complete this questionnaire as a part of their annual acknowledgement renewal. This "MEMO" was uploaded into OAS, as evidence of compliance.

Additionally, this auditor requested 180 randomly selected ARDOC employee "PREA Affirming Acknowledgement Disclosures" from various ARDOC facilities (between dates 7/1/24 through 7/25/24). ARDOC's HR Director and PREA Coordinator submitted

	<p>the 180 requested completed/signed “PREA Affirming Acknowledgement Disclosures” within the requested dates. Moreover, this auditor also requested 75 randomly selected ARDOC employee background re-checks from various ARDOC facilities (between dates 7/1/24 through 7/25/24). ARDOC’s HR Director and PREA Coordinator submitted the 75 requested completed background checks within the requested dates. All documentation was uploaded into OAS, as evidence of compliance.</p> <p>Finally, on 1/3/25, ARDOC’s PREA Coordinator submitted new procedures emailed by ARDOC’s HR Director to all site-based HR Liaisons at each ARDOC facility. This email shared new HR procedures on conducting background checks annually, administering “PREA Affirming Acknowledgement Disclosures” annually, as well as the new HR Checklists (for new hires, promotions, and transfer staff), to ensure file uniformity, structure, and organization across all ARDOC facilities. ARDOC’s HR Director’s new procedures email and new HR Checklists were uploaded into OAS, as evidence of compliance.</p> <p>This PREA auditor concludes that Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.17.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. Arkansas Department of Corrections (ARDOC) did not submit evidence of any facility upgrades in the OAS. Furthermore, this auditor interviewed ARDOC’s Secretary of Corrections (agency head) and Chief of Staff (designee). Both shared that ARDOC has not acquired a new facility or made a substantial expansion to existing facilities since 2012, due to this being their first PREA Audit. Furthermore, both did share that ARDOC will be acquiring another facility months away, and ARDOC will be ensuring that the design, supervision, and monitoring technology will improve their ability to protect inmates from sexual abuse. Additionally, while on site, ARDOC’s PREA Coordinator (PC) confirmed that there were no new facilities or substantial monitoring or physical plant upgrades to current facilities.</p> <p>This PREA auditor concludes that Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.18.</p>

<b>115.42</b>	<b>Use of screening information</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. Arkansas Department of Corrections submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.42. An excerpt states, <i>“Placement decisions regarding Transgender and Intersex Offenders shall be individualized.”</i> Arkansas Department of Corrections also submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.42. An excerpt states, <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> This auditor reviewed “ARDOC’s Secretarial Directive (2024-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.42.</p> <p>While onsite, this auditor interviewed ARDOC’s Secretary of Corrections (agency head) and Chief of Staff (designee). Both shared that the courts make the decisions where ARDOC’s inmates are initially placed stating, <i>“Whom the courts deem as male are placed at ARDOC’s Ouachita facility for assessment. Whom the courts deem to be female are placed at ARDOC’s McPherson facility for assessment.”</i> Both further shared that assessments conducted at Ouachita and McPherson facilities help ARDOC determine their inmate’s subsequent facility placement. Each placement of inmates is individualized. Even more, transgender/intersex inmate s placement considerations are done on a case-by-case basis. Through these multi-disciplinary assessments, the team identifies the best fit facility to place the inmate. Furthermore, ARDOC’s PREA Coordinator (PC) confirmed during her interview that ARDOC do not have designated placement facilities for LGBTI or Transgender/Intersex inmates. ARDOC’s PC further shared that the facility where transgender/intersex inmates are placed follows PREA Standards. Regarding transgender/intersex inmates.</p> <p>This PREA auditor concludes that Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.42.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p>

	<p>This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. This PREA Auditor did not receive any pre-audit documents to be reviewed by Arkansas Department of Corrections (ARDOC) to determine compliance for Standard 115.66.</p> <p>During the onsite interview with ARDOC’s Secretary of Corrections (agency head) and Chief of Staff (designee), both reported that ARDOC is a non-union agency. Both further shared that Arkansas State Law prohibits unionizing. ARDOC’s PREA Coordinator submitted in their Pre-Audit Questionnaire that ARDOC have not engaged in collective bargaining on their agency’s behalf or renewed any collective bargaining agreement or other agreement since August 20, 2012. This is ARDOC's first Audit. Finally, ARDOC’s 2 Human Resources Managers confirmed that ARDOC’s hiring process and employee acquisition/onboarding does not include union options.</p> <p>This PREA auditor concludes that Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.66.</p>
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<b>115.87</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. Arkansas Department of Corrections submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.87. 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>

- 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."*

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/Superintendent, 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's the gatekeepers 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 Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.87.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. Arkansas Department of Corrections submitted their "Arkansas Department of

Corrections PREA Secretarial Directive (2024-02: Subject: PREA)" as evidence of compliance with PREA Standard 115.88. An excerpt states, "**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.*

**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 115.88."*

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/Superintendent, 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's the gatekeepers 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 Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.88.

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="256 188 959 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1485 833">This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) 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. Arkansas Department of Corrections submitted their “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 data-bbox="256 873 1461 990"><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 data-bbox="256 1025 1453 1102"><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 data-bbox="256 1137 1315 1214"><i>4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.</i></p> <p data-bbox="256 1249 1453 1326"><i>5. Aggregated data collected shall be made available to the public annually through the DOC website.</i></p> <p data-bbox="256 1361 1461 1653"><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.” 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.”</i></p> <p data-bbox="256 1688 1477 2065">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/Superintendent, 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’s the gatekeepers of electronic information being disseminated to the public via ARDOC’s website (after approval from ARDOC’s Secretary of Corrections (agency head) and PREA</p>

	<p>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.</p> <p>This PREA auditor concludes that Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.89.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b></p> <p><b>Auditor Discussion</b></p> <p>Arkansas Department of Corrections (ARDOC) understands PREA Standard 115.401, which states, <i>“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.”</i> This auditor interviewed ARDOC’s Secretary of Corrections (agency head), who shared that she and Arkansas Governor supports and are committed to their facilities receiving PREA Audits during this 3rd year of this 4th Cycle. ARDOC plans to continue to have a PREA audit conducted every three years. This is ARDOC’s first PREA Agency/Facility Audits and the third year of the current audit cycle. This auditor had access to, and the ability to observe, all areas of the audited agency. This auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with agency staff whose roles held responsibility for specific PREA Standards. The ARDOC 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 Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.401.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Arkansas Department of Corrections pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents</p>

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.

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/Superintendent, 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's the gatekeepers 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 will be conducting their first agency/facility audits 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 Arkansas Department of Corrections (ARDOC) is in compliance with PREA Standard 115.403.

<b>Appendix: Provision Findings</b>		
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	

	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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.)	na
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system,	na

	electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	

	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>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.)	no
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na