

# PREA Facility Audit Report: Final

**Name of Facility:** Mississippi County Work Release Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 07/25/2025

**Date Final Report Submitted:** 02/12/2026

| 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> 02/12/2026 |

| AUDITOR INFORMATION                 |                              |
|-------------------------------------|------------------------------|
| <b>Auditor name:</b>                | Reed, DeShane                |
| <b>Email:</b>                       | dreed@drbconsultinggroup.com |
| <b>Start Date of On-Site Audit:</b> | 04/21/2025                   |
| <b>End Date of On-Site Audit:</b>   | 04/23/2025                   |

| FACILITY INFORMATION              |  |
|-----------------------------------|--|
| <b>Facility name:</b>             | Mississippi County Work Release Center           |
| <b>Facility physical address:</b> | 727 North Co Road 599 , Luxora, Arkansas - 72358 |
| <b>Facility mailing address:</b>  |  |

| Primary Contact |
|-----------------|
|-----------------|

|                          |                                   |
|--------------------------|-----------------------------------|
| <b>Name:</b>             | Marcus Wilkerson                  |
| <b>Email Address:</b>    | Marcus.Wilkerson@doc.arkansas.gov |
| <b>Telephone Number:</b> | 870-510-1305                      |

| <b>Facility Director</b> |                              |
|--------------------------|------------------------------|
| <b>Name:</b>             | James Dycus                  |
| <b>Email Address:</b>    | James.Dycus@doc.arkansas.gov |
| <b>Telephone Number:</b> | 870-658-2214                 |

| <b>Facility PREA Compliance Manager</b> |                                   |
|---|-----------------------------------|
| <b>Name:</b>                            | Marcus Wilkerson                  |
| <b>Email Address:</b>                   | marcus.wilkerson@doc.arkansas.gov |
| <b>Telephone Number:</b>                | 870-510-1305                      |

| <b>Facility Health Service Administrator On-Site</b> |                    |
|--|--------------------|
| <b>Name:</b>   | Samantha Sissell   |
| <b>Email Address:</b>                                | issell@Wellpath.us |
| <b>Telephone Number:</b>                             | 870-563-8330       |

| <b>Facility Characteristics</b>  |          |
|--|----------|
| <b>Designed facility capacity:</b>   | 145      |
| <b>Current population of facility:</b>   | 186      |
| <b>Average daily population for the past 12 months:</b>                        | 184      |
| <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>  | 21 - 66 |
| <b>Facility security levels/resident custody levels:</b>   | Minimum |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | 46      |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 5       |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 2       |

#### 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 |
|--------------|--------------|-----------------------|-------------------------------|

## 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:

41

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

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

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit: 2025-04-21

2. End date of the onsite portion of the audit: 2025-04-23

#### 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 "St. Bernards Regional Medical Center" regarding SANE/SAFE for MCWRC residents. Additionally, I interviewed MCWRC's Captain and Corporal who's specialized trained victim advocates, to verify victim advocacy at MCWRC.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity: 180

15. Average daily population for the past 12 months: 170

16. Number of inmate/resident/detainee housing units: 7

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|--|---|
| <p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p> |
|--|---|

**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>23. 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>181</p> |
| <p><b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>0</p>   |
| <p><b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p> | <p>0</p>   |
| <p><b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>0</p>   |
| <p><b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>   |

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| <p><b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>2</p>   |
| <p><b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>   |
| <p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>   |
| <p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>   |
| <p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>0</p>   |
| <p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>                                     | <p>0</p>   |
| <p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p> | <p>According to ARDOC's policy for their Work Release facilities, residents must be 21 years or older. They must also be cleared through medical and must be physically able to hold down a job that requires the ability to hear, see, and have physical agility.</p> |

| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>   |                   |
|--|-------------------|
| <b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>                                     | 32                |
| <b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>                         | 3                 |
| <b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>                        | 4                 |
| <b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b> | No text provided. |
| <b>INTERVIEWS</b>  |                   |
| <b>Inmate/Resident/Detainee Interviews</b>   |                   |
| <b>Random Inmate/Resident/Detainee Interviews</b>  |                   |
| <b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>  | 20                |

|   |   |
|---|---|
| <p><b>41. 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 MCWRC residents who fit the target group per the PREA Auditor's Handbook.</p>  |
| <p><b>42. 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 resident demographic and ethnic information. This auditor also conversed and reviewed medical documentation to identify targeted groups and establish a diverse sample of random resident interviews.</p>  |
| <p><b>43. 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>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p> | <p>No text provided.</p>  |
| <p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>  |   |
| <p><b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>4</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".

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| <p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>1</p>  |
| <p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. MCWRC's Deputy Warden, PCM, and ARDOC's PREA Coordinator who confirmed that residents are hand selected from ARDOC prisons to step down to a Work Release Facility. Finally, this auditor asked the interviewed selected residents to confirm that there were no residents fitting in this targeted area residing at MCWRC at the time of this audit.</p> <p>Additionally, MCWRC's Warden shared that ARDOC's policy for their Work Release facilities states that residents must be 21 years or older. Prospective residents must also be cleared through medical and must be physically able to hold down a job that requires the ability to hear, see, understand the primary language, and have physical agility.</p> |
| <p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>1</p>  |
| <p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |

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|--|---|
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. MCWRC's Deputy Warden, PCM, and ARDOC's PREA Coordinator who confirmed that residents are hand selected from ARDOC prisons to step down to a Work Release Facility. Finally, this auditor asked the interviewed selected residents to confirm that there were no residents fitting in this targeted area residing at MCWRC at the time of this audit.</p> <p>Additionally, MCWRC's Warden shared that ARDOC's policy for their Work Release facilities states that residents must be 21 years or older. Prospective residents must also be cleared through medical and must be physically able to hold down a job that requires the ability to hear, see, understand the primary language, and have physical agility.</p> |
| <p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>1</p>  |
| <p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |

|  |   |
|--|---|
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. MCWRC's Deputy Warden, PCM, and ARDOC's PREA Coordinator who confirmed that residents are hand selected from ARDOC prisons to step down to a Work Release Facility. Finally, this auditor asked the interviewed selected residents to confirm that there were no residents fitting in this targeted area residing at MCWRC at the time of this audit.</p> <p>Additionally, MCWRC's Warden shared that ARDOC's policy for their Work Release facilities states that residents must be 21 years or older. Prospective residents must also be cleared through medical and must be physically able to hold down a job that requires the ability to hear, see, understand the primary language, and have physical agility.</p> |
| <p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |

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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. MCWRC's Deputy Warden, PCM, and ARDOC's PREA Coordinator who confirmed that residents are hand selected from ARDOC prisons to step down to a Work Release Facility. Finally, this auditor asked the interviewed selected residents to confirm that there were no residents fitting in this targeted area residing at MCWRC at the time of this audit.</p> <p>Additionally, MCWRC's Warden shared that ARDOC's policy for their Work Release facilities states that residents must be 21 years or older. Prospective residents must also be cleared through medical and must be physically able to hold down a job that requires the ability to hear, see, understand the primary language, and have physical agility.</p> |
| <p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |

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|---|---|
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. MCWRC's Deputy Warden, PCM, and ARDOC's PREA Coordinator who confirmed that residents are hand selected from ARDOC prisons to step down to a Work Release Facility. Finally, this auditor asked the interviewed selected residents to confirm that there were no residents fitting in this targeted area residing at MCWRC at the time of this audit.</p> <p>Additionally, MCWRC's Warden shared that ARDOC's policy for their Work Release facilities states that residents must be 21 years or older. Prospective residents must also be cleared through medical and must be physically able to hold down a job that requires the ability to hear, see, understand the primary language, and have physical agility.</p> |
| <p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>   | <p>1</p>  |
| <p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>  |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>MCWRC does not utilize segregation. Rather any resident "acting out" results in the resident being revoked from this work release and moved to a higher security facility.</p>  |
| <p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>   | <p>No text provided.</p>   |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>  |  |
| <p><b>Random Staff Interviews</b></p>  |  |
| <p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>   | <p>14</p>  |
| <p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |

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| <p><b>If "Other," describe:</b></p>  | <p>I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook. These 14 interviewed staff include specialized staff and contracted medical professional staff.</p> |
| <p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes<br/><input type="radio"/> No</p>  |
| <p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>No text provided.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |   |
| <p>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.</p> |   |
| <p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>5</p>  |
| <p><b>63. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes<br/><input type="radio"/> No</p>  |
| <p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>  | <p><input checked="" type="radio"/> Yes<br/><input type="radio"/> No</p>  |
| <p><b>65. Were you able to interview the PREA Coordinator?</b></p>   | <p><input checked="" type="radio"/> Yes<br/><input type="radio"/> No</p>  |

**66. Were you able to interview the PREA Compliance Manager?**

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

|   |   |
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|   | <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>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| <b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of CONTRACTORS who were interviewed:</b>   | 2   |
| <b>b. 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<br><input type="checkbox"/> Education/programming<br><input checked="" type="checkbox"/> Medical/dental<br><input type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><input type="checkbox"/> Other |
| <b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>   | No text provided.   |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**71. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**75. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

|  |  |
|--|--|
| <p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</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 MCWRC residents.</p> |
|--|--|

**Documentation Sampling**

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><b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

|   |                          |
|---|--------------------------|
| <p><b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>No text provided.</p> |
|---|--------------------------|

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

|                                      | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual abuse</b> | 0                             | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual abuse</b>  | 1                             | 0                            | 0                                  | 0   |
| <b>Total</b>                         | 1                             | 0                            | 0                                  | 0   |

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

|   | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 1                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 1                                  | 0                            | 0                                  | 0   |

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

|                                      | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| <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         |

#### 82. 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         | 1               | 1             |
| <b>Total</b>                         | 0       | 0         | 1               | 1             |

### Sexual Harassment Investigation Outcomes

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

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

|   | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| <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         |

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 1             |
| <b>Total</b>                              | 0       | 0         | 0               | 1             |

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

**Sexual Abuse Investigation Files Selected for Review**

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

2

|   |   |
|---|---|
| <p><b>86. 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>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>0</p>  |
| <p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>  | <p>2</p>  |
| <p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>92. 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>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>  | <p>1</p>   |
| <p><b>94. 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>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>   | <p>0</p>   |
| <p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>   | 1  |
| <b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| <b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| <b>101. 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>102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |

**Non-certified Support Staff**

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

Yes  
 No

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

1

**AUDITING ARRANGEMENTS AND COMPENSATION**

**108. Who paid you to conduct this audit?**

The audited facility or its parent agency

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

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

Other

| <b>Standards</b>   |
|--|
| <p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>• Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>   |
| <p><b>Auditor Discussion Instructions</b></p> <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>115.211</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |
|----------------|---|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.211. Mississippi County Work Release Center 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 115.211. 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</i></p> |

*sexualized behavior or abuse as nonconsensual, 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 115.211.

Mississippi County Work Release Center (MCWRC) 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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.211.

| <b>115.212</b> | <b>Contracting with other entities for the confinement of residents</b>  |
|----------------|--|
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.212. 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 residents.</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</p> |

compliant with ALL PREA Standards. USDOJ PREA Standard 115.212 states, “(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”

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

- i. Emergency response to an incident of sexual abuse or assault
- ii. Standard response protocols to reported incidents of sexual harassment
- iii. Prohibition of all cross-gender strip searches and body cavity searches and a prohibition of all cross-gender pat down searches of female residents 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 115.212, 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

|  |  |
|--|--|
|  | <p>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 115.212, informing the actions ARDOC needed to take to move into compliance, and adjustments ARDOC will be making to their “309” county jail contracts to move into compliance. Furthermore, ARDOC amended all their current “309” county jail contracts, provided a window of opportunity for the various 50 participating count jails leaders to review, respond, sign, or opt out of ARDOC’s amended contract (which contained new contractual language/ requirements to align with the PREA Standard 115.212). 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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.212.</p> |
|--|--|

|                |  |
|----------------|--|
| <b>115.213</b> | <b>Supervision and monitoring</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.213. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.213. 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> <p><i>a. Generally accepted detention and correctional practices;</i></p> |

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

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.213.

While onsite, this auditor interviewed MCWRC's Deputy Warden, who shared that MCWRC complies with the protocol identified in their staffing plan. He shared that when call-offs and time-offs occur, MCWRC provides coverage through adjusting/rotating on-shift staffing as well as offering voluntary overtime. This allows MCWRC's staffing plan and staffing coverage to remain fulfilled without deviations. If a deviation occurs, the Captain on duty documents it in the "eOMIS" (*Electronic Offender Management Information System*) which can be viewed by MCWRC'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 MCWRC's "Staffing Plan" (October 2024), it documented MCWRC's process of ensuring adequate staffing to protect residents 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 MCWRC Staffing Plan, "*The Mississippi County Work Release Center staffing matrix requires 4 non-security personnel per shift. There are four rotating shifts (A,B,C,D) to provide security for resident supervision. Staff at the Mississippi County Work Release Center are assigned a permanent shift. This includes security shifts supervising residents in housing units, response staff and other areas where residents have access. Shifts are 6am-6pm and 6pm -6am.*" This PREA auditor also reviewed the facility's staffing roster for the past 6 months, which seemed to have adequate staffing coverage to protect residents 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 MCWRC's green logbooks in red ink. This auditor inquired about the frequency of rounds for each ranking officer on duty during a shift. 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. Lastly, Captain and the Deputy Warden positions are a part of an on-call rotation and serve as "Duty Wardens" which ensures that there is constant facility oversight by an Administrator.

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

**1. Kitchen Area Specifications:**

- a. 1 camera in Kitchen Officer Office
- b. 1 camera in corner of Dry Storage Room
- c. 1 camera to catch kitchen hallway
- d. 1 camera on serving line wall

**2. Laundry Area Specifications:**

- a. 1 camera on front wall to catch the entire room

**3. Commissary Area Specifications:**

- a. 2-way mirror towards back left corner near exit door

**4. Barracks A, B, C Specifications:**

- a. 1 camera in each Barrack entrance above the door (3 cameras in total)

**5. Maintenance Area Specifications:**

- a. 1 camera to catch all rows in "Parts Room"

**6. Property Storage Outside Area:**

- a. 1 camera for main area
- b. Remove doors off shoe and sheet storage rooms

This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.213. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA

Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC's Captain/PREA Compliance Manager submitted a signed (dated 1/15/26) "Arkansas Department of Corrections Requisition" for additional cameras. This requisition was signed by ARDOC's Deputy/Assistant Director and ARDOC's Building Construction Supervisor/Requisition Official, approving the purchasing process for the identified/recommended video monitoring. MCWRC's Deputy Warden/PCM also submitted a "Memo" from ARDOC's Agency Head/Secretary approving the purchasing process for the identified/recommended video monitoring. The "Memo" states,

**To:** Dr. (PREA Coordinator)

**From:** Secretary (Agency Head).

**RE:** Camera Enhancements for Tucker Unit

**Date:** January 14, 2026

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

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.213.

| 115.215 | Limits to cross-gender viewing and searches  |
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|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.215. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.215. An excerpt states, "(a) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female Offenders.</p> |

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

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

*(d) Offenders shall be permitted to shower, perform bodily functions, and change clothing without Staff of the opposite gender viewing their breasts, buttocks, or genitalia except in Exigent Circumstances or when such viewing is incidental to routine cell checks.*

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

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

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.215.

While on-site, this PREA auditor interviewed 20 randomly selected residents. Each resident verified that pat searches are conducted by both female and male officers in a professional manner. When this auditor interviewed a random selection of 7 MCWRC direct supervision staff and asked, "Which gender staff pat searches a transgender or intersex?" Zero out of 7 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 residents. MCWRC is an all-male facility.

While onsite, this auditor conducted a site review/tour and observed that there was adequate privacy in all Barrack areas as MCWRC provided ½ walls in most bathrooms and 1 full shower in one bathroom to prevent cross gender viewing. The location of the bathrooms in the back of the Barracks creates privacy as well. No cameras were noted to be in the main building's bathrooms. This auditor did note that a two-way mirror in the Work Release Building (Outside Barracks) within the shower area will need to be removed to stop the possibility of cross gender viewing by opposite gender officers. All toilet areas are well covered by cinderblock walls, creating adequate privacy for all residents.

Further, this auditor interviewed a random selection of 20 MCWRC residents. There were 20 of the 20 randomly selected interviewed residents 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.

During this auditor's site review/tour, this auditor did not observe and hear gender announcements occurring upon entry into each barrack. MCWRC shared that announcing is a new practice. This auditor interviewed a random selection of 7 direct supervision staff and asked if female staff announce prior to entering resident bathroom and sleeping quarters? Six out of 7 staff members shared that announcing when entering the barracks and bathrooms of residents was occurring most of the time since they began the practice. They also stated that opposite gender announcements were not currently placed in security logs or in the master control logbook. During the interviews of 20 randomly selected residents, 20 of 20 residents shared that female staff announce their presence when entering their barracks, but that this practice recently began. MCWRC currently logs cross gender pat searches in the logbooks and plans to do the same with opposite gender announcements.

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. Remove 2-way mirror from shower area in the Work Release Building
2. Ensure all PREA signage (CLEST & Blue PREA Signage) should be placed together in English and Spanish by the phones.

This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.215. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC's Captain/PREA Compliance Manager submitted photo evidence of the 2-way mirror in the Work Release Building shower area removed. Additionally, MCWRC's Captain/PCM submitted photo evidence of ARDOC's blue PREA Reporting signage and CLEST signage placed together by the telephones (English and Spanish versions) in each barrack (barracks A, B, C, 1A, 1B, 2A, 2B, and Work Release building).

Finally, MCWRC's Captain/PCM submitted photo evidence of temporary "*Opposite Gender Announcement*" signs placed at the entry of each MCWRC barrack's door (A, B, C, 1A, 1B, 2A, 2B, and Work Release building), until their ordered permanent signs arrive. MCWRC's Captain/PCM provided a quote and signed "*Purchase Requisition*" for 10 professional signs which states, "*Opposite Gender Must Announce Prior to Entering.*" These signs will be placed at the entry of each inmate barrack door, replacing the temporary signs.

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.215.

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| 115.216  | <b>Residents with disabilities and residents who are limited English proficient</b> |
| <b>Auditor Overall Determination:</b> Meets Standard   |   |
| <b>Auditor Discussion</b>  |   |
| <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.216. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.216. An excerpt states, <i>“Each facility shall provide Offender education in formats accessible to all Offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for Offenders who have limited reading skills. Use of Offender interpreters for assistance in Offender education on aspects of the DOC’s efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment shall be prohibited except in circumstances where extended delay in obtaining an effective interpreter could compromise the Offender’s safety.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.216.</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 7 direct supervision and supervisory staff, 5 out of 7 knew that they could utilize staff as interpreters or Google Translate, 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 MCWRC in English and Spanish. This auditor also reviewed the PREA Pamphlets in English and Spanish, as well as viewed PREA Resident Education videos in English, Spanish, and closed captioned for the hearing impaired. This auditor interviewed 1 Limited English Proficient (LEP) resident during the onsite visit. During the interviews, none recalled receiving a pamphlet or viewing the PREA video in Spanish. The Deputy Warden shared that residents are prescreened before entering the Work Release program to ensure that they are able to work in the community. No LEP residents are able to participate in the program if they don’t understand English due to safety reasons on job sites.</p> <p>Furthermore, this auditor interviewed ARDOC’s contracted medical services provider’s (WellPath) Health Service Administrator. She shared that Wellpath has a contract with <i>“Language Line Solutions”</i> (now <i>“Voyce Global”</i>) to assist with medical and mental health translation services for MCWRC residents. This auditor also tested the <i>“Voyce Global”</i> number and access codes. Once Wellpath's access code was input, this auditor was provided access to a representative to assist with various</p> |   |

language translations.

This auditor recommended MCWRC provide a documented "*Refresher Comprehensive Resident Education*" to the Limited English Proficient (LEP) (Spanish-speaking) residents in the facility, 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 resident with a Spanish version of the "*End the Silence*" Pamphlet. This is to ensure equal access to PREA information and PREA education for all MCWRC residents.

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 MCWRC staff to access when needed for MCWRC LEP residents. Once this documented collaboration is formalized/ established this auditor recommends MCWRC facilitate a "*Staff Training*" for all supervisory staff on the purpose and how to access the language line to assist with translation services for MCWRC residents as well as identifying the staff within the facility that speak Spanish that can translate when needed as well. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.216. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC's Captain/PREA Compliance Manager submitted a "*Memo*" stating that MCWRC showed the PREA videos all day for 7 straight days, in the resident barracks, to ensure that all residents had access/opportunity to view the video. The videos rotated from English versions and Spanish versions each day. MCWRC's Captain/PCM also submitted photo evidence of the televisions showing the PREA videos being shown.

Additionally, MCWRC's Captain/PCM submitted 30 randomly selected initialed, acknowledged, and signed "*PREA Offender Education*" checklists of old/current residents (present at the time of onsite audit), as evidence of "*Refresher Education*" provided to old/current MCWRC residents. MCWRC's Captain/PCM also submitted 14 "*PREA Offender Education*" checklists of all new/current MCWRC residents (arrived after the onsite audit), as evidence of "*PREA Education*" being provided to new/current intake MCWRC residents. MCWRC's "*PREA Offender Education Checklist*" entailed education on MCWRC's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at MCWRC, 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 MCWRC's specialized trained staff victim advocates.

Furthermore, MCWRC's Captain/PCM also submitted their monthly MCWRC's "*Town*

*Hall Meeting with the Inmate Population” (dated 9/29/25, 10/10/25, 11/01/25, 11/26/25, and 12/20/25). Each town hall meeting agenda entails the following PREA-related topics:*

- *Various ways to report at MCWRC*
- *Confidential External Reporting through CLEST (Commission on Law Enforcement Training Standards)*
- *The procedures for reporting PREA grievances*
- *How to access grievance forms*
- *The designated staff responsible for collecting grievances*
- *The classification of PREA grievances as emergency matters, which are subject to immediate investigation upon receipt*
- *Victim Advocates, their roles, and how to access a victim advocate for emotional support*
- *Language Line Solutions (now Voyce Global translation/interpretation services)*

Finally, MCWRC’s Captain/PCM submitted their “*PREA Staff Training Agenda/Curriculum*” and 11 randomly selected staff “*PREA Training Acknowledgement Forms*” (dated 11/3/25 and 11/5/25), as evidence of “*Staff Refresher Training.*” The “*PREA Staff Training Agenda/Curriculum*” entailed the training discussion agenda and topics of discussion. This staff training was conducted on 11/03/2025 and 11/05/202. In reviewing MCWRC’s “*PREA Staff Training Agenda/Curriculum,*” MCWRC’s training focused on:

- *Voyce Global translation/interpretation services for Limited English Proficient Inmates, the importance of Voyce Global translation/interpretation services and procedures for accessing Voyce Global*
- *Review of “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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.216.

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| <b>115.217</b> | <b>Hiring and promotion decisions</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.217. Mississippi County Work Release Center (MCWRC) submitted their Arkansas Department of Corrections Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.217. 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 115.217.

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 12 MCWRC employee files from an HR Manager/Liaison. This auditor reviewed the randomly selected files and observed that 12 out of 12 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 12 out of 12 fingerprints within the file to verify that such checks were ran as a standard part of the onboarding process.

Additionally, this auditor verified that 12 out of 12 MCWRC 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 115.217.

During this auditor's interview with the HR Manager/Liaison, this auditor asked how

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|  | <p>frequently these backgrounds are completed. The MCWRC’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 “<i>PREA Affirming Acknowledgement Disclosure</i>” is completed annually (per ARDOC’s HR Director directive given in January 2025). The annual background check and “<i>PREA Affirming Acknowledgment Disclosure</i>” will be completed during annual performance review periods for each employee. Contractors also receive initial background checks every five years.</p> <p>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, “<i>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:</i></p> <p><i>Date and duration of employment;</i><br/> <i>Current pay rate and wage history;</i><br/> <i>Job description and duties;</i><br/> <i>The last written performance evaluation prepared prior to the date of the request;</i><br/> <i>Attendance information;</i><br/> <i>Results of drug or alcohol tests administered within one (1) year prior to the request;</i><br/> <i>Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;</i><br/> <i>Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and</i><br/> <i>Whether the employee is eligible for rehire.”</i></p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.217.</p> |
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| <b>115.218</b> | <b>Upgrades to facilities and technology</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.218.</p> <p>While onsite, this auditor interviewed Mississippi County Work Release Center</p> |

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|  | <p>(MCWRC) Deputy Warden who shared that no upgrades for expansion occurred in the facility within the last three years. They currently have 25 exterior and interior cameras which are operational. The facility did add one camera in the Commissary area. This auditor also interviewed ARDOC’s PREA Coordinator who also confirmed that facility expansion has not occurred. Finally, MCWRC’s Deputy Warden shared that MCWRC considers their ability to protect residents from sexual abuse when coordinating video monitoring implementation and placement. This auditor observed that each resident within the facility is issued a tablet at no cost. Finally, this PREA auditor’s site review will assist MCWRC in identifying blind spot locations and needs for video monitoring.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.218.</p> |
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| 115.221 | Evidence protocol and forensic medical examinations   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.221. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.221. 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</i></p> |

*support the victim through the forensic medical examination process and investigatory interviews. Their role is to provide emotional support, crisis intervention services, information, and referrals. Please contact your facility PCM for a list of qualified agency staff members."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and "Coordinated Response Plan," concluding that it has the necessary language to align with PREA Standard 115.221.

While onsite, this auditor interviewed MCWRC'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 residents can currently request a victim advocate, however many residents may be unaware of who the advocates are.

This auditor also interviewed WellPath's Health Service Administrator who shared that MCWRC transports victim residents to "St. Bernards Regional Medical Center" for Sexual Abuse Nurse Examinations/Sexual Abuse Forensic Examinations (SANE/SAFE). They further shared that the 2 specialized trained staff victim advocates provide emotional support at the "St. Bernards Regional Medical Center" to MCWRC sexual abuse victims needing to go out for SANE/SAFE services. Finally, MCWRC utilizes the "Arkansas State Police" (ASP) for all PREA sexual abuse criminal investigations.

While on site, this auditor interviewed a random selection of 20 MCWRC residents. When this auditor asked about their knowledge of victim advocacy services provided for residents at MCWRC, 0 out of the 20 residents knew who the MCWRC Victim Advocates were and were unaware that the advocates are for resident victims of sexual abuse and emotional support for all MCWRC residents.

Furthermore, this auditor interviewed a random selection of 7 MCWRC 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. Seven out of 7 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Six out of 7 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 MCWRC'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 MCWRC residents receive "Refresher Education" focused on who the staff victim advocates are, their role and purpose, and how to access them if needed. Residents should be aware that the staff victim advocates provide emotional support to all MCWRC residents. This auditor also recommended

that MCWRC 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 residents can access them if needed. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.221. Corrective Action was required.

During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC’s Captain/PREA Compliance Manager submitted 30 randomly selected initialed, acknowledged, and signed *“PREA Offender Education”* checklists of old/current residents (present at the time of onsite audit), as evidence of *“Refresher Education”* provided to current MCWRC residents. MCWRC’s Captain/PCM also submitted 14 *“PREA Offender Education”* checklists of all new/current MCWRC residents (arrived after the onsite audit), as evidence of *“PREA Education”* being provided to new/current intake MCWRC residents. MCWRC’s *“PREA Offender Education Checklist”* entailed education on MCWRC’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at MCWRC, 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 MCWRC’s specialized trained staff victim advocates.

Additionally, MCWRC’s Captain/PCM submitted their monthly MCWRC’s *“Town Hall Meeting with the Inmate Population”* (dated 9/29/25, 10/10/25, 11/01/25, 11/26/25, and 12/20/25). Each town hall meeting agenda entails the following PREA-related topics:

- *Various ways to report at MCWRC*
- *Confidential External Reporting through CLEST (Commission on Law Enforcement Training Standards)*
- *The procedures for reporting PREA grievances*
- *How to access grievance forms*
- *The designated staff responsible for collecting grievances*
- *The classification of PREA grievances as emergency matters, which are subject to immediate investigation upon receipt*
- *Victim Advocates, their roles, and how to access a victim advocate for emotional support*
- *Language Line Solutions (now Voyce Global translation/interpretation services)*

Finally, MCWRC’s Captain/PCM submitted their *“PREA Staff Training Agenda/Curriculum”* and 15 randomly selected staff *“PREA Training Acknowledgement Forms”* (dated 9/03/25, 9/10/25, and 9/13/25), as evidence of *“Staff Refresher*

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|  | <p><i>Training.</i>” The “<i>PREA Staff Training Agenda/Curriculum</i>” entailed the training discussion agenda and topics of discussion. In reviewing MCWRC’s “<i>PREA Staff Training Agenda/Curriculum,</i>” MCWRC’s training focused on:</p> <ul style="list-style-type: none"> <li>• <i>Introductions of Victim MCWRC’s Advocates</i></li> <li>• <i>Victim Advocates Responsibilities</i></li> <li>• <i>Staff Collaboration with Victim Advocates</i></li> <li>• <i>Trauma Informed Communications</i></li> <li>• <i>Reporting and Documentation</i></li> </ul> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.221.</p> |
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| <b>115.222</b> | <b>Policies to ensure referrals of allegations for investigations</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 Mississippi County Work Release Center (MCWRC) 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 115.222. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.222. 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 115.222.</p> <p>While onsite, this auditor also interviewed 2 MCWRC Administrative PREA Investigators assigned to investigations. This auditor shared a scenario of a resident being sexually assaulted in the shower, and asked, <i>“What is the PREA</i></p> |

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|  | <p><i>Investigator’s coordinated responsibilities?” All investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. The investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all interviewed PREA investigator’s training transcript submitted by ARDOC’s PREA Coordinator. These training transcripts verified the specialized training all ARDOC PREA investigators received training through ARDOC’s 3-day “Sexual Assault Investigation’s Training.” This auditor reviewed “ARDOC’s Coordinated Response Plan,” which aligned with ARDOC’s PREA Investigator’s interview responses.</i></p> <p>Furthermore, ARDOC’s PREA Coordinator shared that ARDOC partners with <i>Arkansas State Police (ASP)</i>, 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 14 MCWRC specialized and direct supervision staff, 14 of 14 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, <i>“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.”</i></p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.222.</p> |
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| <b>115.231</b> | <b>Employee training</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.231. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.231. An excerpt states, <i>“Staff Training shall be tailored to be gender specific to the primary facility of each Staff</i></p> |

member. All employees shall receive training annually in the following;

- i. The DOC's zero-tolerance policy for Sexual Abuse and Sexual Harassment.*
- ii. Their responsibilities of Sexual Abuse and Sexual Harassment prevention, 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 115.231.

While onsite, this PREA auditor interviewed MCWRC's Captain who shared that new hire staff go through two weeks of an "On the Job Training" course at the facility as well as four weeks in the Service Basic Training Academy where both areas train on PREA. 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 14 randomly selected direct supervision staff, specialized staff, and contractors. The direct supervision staff, specialized staff 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 5 staff at MCWRC to verify up-to-date annual PREA training. Thirty employee training transcripts from randomly selected 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

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|  | <p>volunteer Power Point content as well as the web-based training covered the necessary components identified in PREA Standard 115.231 specifically discussing zero tolerance, first responder duties, resident rights, how to detect and respond as well as effectively communicating any incidents of sexual abuse and sexual harassment.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.231.</p> |
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| 115.232 | Volunteer and contractor training  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.232. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.232. 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 115.232.</p> <p>While onsite, this PREA auditor interviewed the MCWRC Chaplain and 1 randomly selected Certified Religious Assistant volunteer and 2 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 residents to review and sign ARDOC’s “<i>PREA Zero-Tolerance Acknowledgement Form,</i>” as a condition of entry and prior to entry into the MCWRC facility. This auditor also did not observe this process upon entry into the facility.</p> |

Further, the MCWRC Chaplin 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 **OCV's** (*Occasional Citizen Volunteers*) who 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 MCWRC Volunteer training on April 21, 2025, at the unit. This auditor requested training certificates of the Chaplin and those volunteers who attended this in person training and received 5 training certificate verifications.

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 residents. The power point training and acknowledgement form covered the components identified in PREA Standard 115.231 and 115.232.

This auditor recommended that MCWRC implement the use of the "*Contractor/Volunteer Acknowledgement Form*" for every contractor or volunteer who have minimal/infrequent interaction with residents. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.232. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC's Captain/PREA Compliance Manager submitted 5 completed ARDOC's "*Supervised Volunteer Acknowledgement Forms*" for those infrequent volunteers/contractors to review, acknowledge, and prior to their entry into MCWRC (electrician, beverages, chaplain, and health department). The

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|  | <p>completed <i>“Supervised Volunteer Acknowledgement Forms”</i> are filed in infrequent volunteers/contractors’ binders.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.232.</p> |
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| <b>115.233</b> | <b>Resident education</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.233. Mississippi County Work Release Center (MCWRC) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> as evidence of compliance with 115.233. An excerpts states, <i>“1. During the intake process and at each facility, each Offender shall receive oral and written information about the DOC’s zero-tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment.</i></p> <p><i>2. Each facility shall provide Offender education in formats accessible to all Offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for Offenders who have limited reading skills.</i></p> <p><i>3. Use of Offender interpreters for assistance in Offender education on aspects of the DOC’s efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment shall be prohibited except in circumstances where extended delay in obtaining an effective interpreter could compromise the Offender’s safety.</i></p> <p><i>4. Each facility shall maintain documentation of participation in Offender education.</i></p> <p><i>5. Each facility shall ensure that key information is continuously and readily available or visible to Offenders, such as posters and Offender handbook materials that explain the zero-tolerance policy and different ways to report.”</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 115.233.</p> <p>While onsite, this auditor interviewed MCWRC’s Captain who completes Intake Orientation for all new residents. He described the intake process when new residents arrive at the facility. New Residents go through an orientation packet that occurs within 24-72 hours of arrival and are given a packet of information. When</p> |

this auditor looked at the packet, it did not have the updated ARDOC *"PREA Offender Checklist"* or the updated *"End of Silence"* pamphlet. Additionally, MCWRC does not currently show the PREA video during the intake process. This auditor noted that no PREA information is given to residents at the point of intake. This auditor discussed this PREA Standard with the Captain and the adjustments that can be made to their current intake process to ensure that this component is added to ensure compliance to the PREA standard.

This auditor discussed with MCWRC's Deputy Warden and Captain/PREA Compliance Manager the components needed for orientation. The components discussed entailed new intake residents receiving PREA Orientation PREA Education by 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 MCWRC's zero tolerance for sexual abuse/sexual harassment, resident's rights, ways to report at MCWRC, and access to victim advocacy and emotional support. Finally, the *"PREA Offender Education Checklist"* is signed by the staff providing the PREA orientation and the resident acknowledging their receipt and understanding.

Additionally, while onsite, this auditor also interviewed 20 randomly selected MCWRC residents. When this auditor asked each resident if they received PREA information during their intake, 10 out of 20 shared that they did receive PREA information. Ten out of 20 residents shared that they did not remember receiving PREA information or orientation 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 MCWRC's PREA reporting signage was posted in English and Spanish. CLEST signage was also noted throughout the facility but was not noticeable due to it not being in color or by the other signage. 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 MCWRC residents, who have not received PREA Orientation, to receive *"PREA Refresher Education"* which should entail:

1. MCWRC residents viewing the updated *PREA Education Video*;
2. MCWRC's facilitating staff read aloud the *"PREA Offender Education Checklist"* to all residents 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 resident access to *CLEST*, including address, and that such mail would be treated as legal mail (if the resident wishes to be anonymous does not have to put their name or ID on the letter); and
5. Give each MCWRC resident the *"End of Silence"* PREA pamphlet for them to keep containing information specific to the Mississippi County Work Release

Center.

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

1. MCWRC's assigned intake staff should show the intake residents the most up to date "*PREA Intake Video*" (4-6 minutes long) in English or Spanish; then
2. MCWRC's assigned intake staff should read aloud the updated "*End the Silence*" PREA pamphlet to all residents.
3. MCWRC's assigned intake staff give each MCWRC resident a "*End the Silence*" PREA pamphlet for them to keep.
4. MCWRC's assigned intake staff should read the "*PREA Offender Education Checklist*" to residents and have the residents initial each section (to ensure understanding throughout, ask residents if they understand and if they have any additional questions). They should also share resident access to the "*Arkansas Commission on Law Enforcement Standards and Training*" (CLEST). CLEST is ARDOC's external reporting entity, who receives resident and resident reports of sexual abuse. Residents should be informed about this avenue for reporting, how to access it and that it is treated as legal mail (if the resident 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 Have each resident sign the acknowledgement at the bottom of the "*PREA Offender Education Checklist*."
5. Properly file the "*PREA Offender Education Checklist*" as evidence of compliance

Finally, this auditor recommended that all *CLEST* (in color) and *PREA Signage* be next to each other on each barrack near the phones for easy accessibility to the residents. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.233. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC's Captain/PREA Compliance Manager submitted a "*Memo*" stating that MCWRC showed the PREA videos all day for 7 straight days, in the resident barracks, to ensure that all residents had access/opportunity to view the video. The videos rotated from English versions and Spanish versions each day. MCWRC's Captain/PCM also submitted photo evidence of the televisions showing the PREA videos being shown.

Additionally, MCWRC's Captain/PCM submitted 30 randomly selected initialed,

acknowledged, and signed *"PREA Offender Education"* checklists of old/current residents (present at the time of onsite audit), as evidence of *"Refresher Education"* provided to current MCWRC residents. MCWRC's Captain/PCM also submitted 14 randomly selected *"PREA Offender Education"* checklists of new/current MCWRC residents (arrived after the onsite audit), as evidence of *"PREA Education"* being provided to new/current intake MCWRC residents. MCWRC's *"PREA Offender Education Checklist"* entailed education on MCWRC's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at MCWRC, 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 MCWRC's specialized trained staff victim advocates.

Furthermore, MCWRC's Captain/PCM also submitted their monthly MCWRC's *"Town Hall Meeting with the Inmate Population"* (dated 9/29/25, 10/10/25, 11/01/25, 11/26/25, and 12/20/25). Each town hall meeting agenda entails the following PREA-related topics:

- *Various ways to report at MCWRC*
- *Confidential External Reporting through CLEST (Commission on Law Enforcement Training Standards)*
- *The procedures for reporting PREA grievances*
- *How to access grievance forms*
- *The designated staff responsible for collecting grievances*
- *The classification of PREA grievances as emergency matters, which are subject to immediate investigation upon receipt*
- *Victim Advocates, their roles, and how to access a victim advocate for emotional support*
- *Language Line Solutions (now Voyce Global translation/interpretation services)*

Moreover, MCWRC's Captain/PCM submitted a *"Memo"* to this auditor, describing MCWRC's revised procedures in providing consistent PREA Education for inmates at intake. Excerpts from the *"Memo"* states,

1. *MCWRC residents viewing the updated PREA Education Video; PREA video is shown upon intake. This video is played repeatedly daily inside the chow hall.*
2. *MCWRC's facilitating staff read aloud the "PREA Offender Education Checklist" to all residents then have them to initial and sign acknowledgement; Upon intake the PREA education is read out loud to each inmate.*
3. *Review who the victim advocacy staff are within the facility, their purpose and how to get in touch with them; The victim Advocates are listed on the pamphlet that's read and issued to each inmate.*
4. *Share resident access to CLEST, including address, and that such mail would*

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|  | <p><i>be treated as legal mail (if the resident wishes to be anonymous does not have to put their name or ID on the letter); Inmates are made aware upon intake.</i></p> <p>5. <i>Give each MCWRC resident the "End of Silence" PREA pamphlet for them to keep containing information specific to the Mississippi County Work Release Center. All intake inmates are issued a pamphlet.</i></p> <p>Finally, MCWRC's Captain/PREA Compliance Manager submitted photo evidence of the 2-way mirror in the Work Release Building shower area removed. MCWRC's Captain/PCM also submitted photo evidence of ARDOC's blue PREA Reporting signage and CLEST signage placed together by the telephones (English and Spanish versions) in each barrack (barracks A, B, C, 1A,1B, 2A, 2B, and Work Release building).</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.233.</p> |
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| <b>115.234</b> | <b>Specialized training: Investigations</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.234. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.234. An excerpt states, <i>"All employees who conduct Sexual Abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include:</i></p> <ul style="list-style-type: none"> <li><i>a. Interviewing techniques for Sexual Abuse Victims.</i></li> <li><i>b. Proper use of Miranda and Garrity warnings.</i></li> <li><i>c. Sexual Abuse evidence collection in confinement settings.</i></li> <li><i>d. Criteria and evidence required to substantiate a case for administrative action or prosecution referral."</i></li> </ul> <p>This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.234.</p> |

While onsite, this auditor also interviewed 2 MCWRC Administrative PREA Investigators assigned to investigations. This auditor shared a scenario of a resident 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, MCWRC’s investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed one PREA investigator training transcript/report submitted by ARDOC’s PREA Coordinator, but this auditor also requested the additional investigator’s training verification which was not received while onsite. The training transcript/report verified the specialized training of one ARDOC PREA investigator 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 auditor recommended that MCWRC provide investigation training certificates for their Lieutenants and Captain who were assigned to complete SAIT training after the audit concluded. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.234. Corrective Action was required.

During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC’s Captain/PREA Compliance Manager submitted *“Sexual Abuse Investigator’s Training (SAIT)”* acknowledgements of 4 MCWRC’s Supervisory staff (Sergeants and Lieutenants) (dated 12/17/25).

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.234.

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| <b>115.235</b> | <b>Specialized training: Medical and mental health care</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.235. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” #1D-03 as evidence of compliance with PREA Standard 115.235. An excerpt states, <i>“All full and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training on the following:</i></p> <ul style="list-style-type: none"> <li><i>a. How to detect and assess signs of Sexual Abuse and Sexual Harassment.</i></li> <li><i>b. How to preserve physical evidence of Sexual Abuse.</i></li> <li><i>c. How to respond effectively and professionally to Victims of Sexual Abuse and Sexual Harassment.</i></li> <li><i>d. How and to whom to report allegations or suspicions of Sexual Abuse and Sexual Harassment.”</i></li> </ul> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.235.</p> <p>While on site, this auditor conducted an exhaustive site review/tour of MCWRC and observed the medical triage area. This auditor interviewed WellPath’s Health Service Administrator (HSA), Facility Nurse, and Mental Health Professional 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 <b>RELIAS</b> web-based training.</p> <p>Furthermore, WellPath’s HSA shared that some of the Medical and Mental Health teams recently completed specialized PREA training as soon as she learned of the training requirement. The remaining staff members will be required to complete it by the end of April 2025. The HSA provided training verification certificates for both the Basic PREA training and PREA Specialized training for herself. 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 residents in confinement settings. This auditor reviewed the “<i>Medical Care for Sexual Assault Victims in Confinement Settings</i>” and the “<i>Behavioral Health Care for Sexual Assault Victims in a Confinement Setting</i>” trainings which have all the components to align with this 115.235 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</p> |

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|  | <p>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.</p> <p>This auditor recommended that all WellPath Medical and Mental Health contractors complete the <i>PREA Specialized Training</i> to meet compliance with this standard. MCWRC should submit all training certificates into OAS as verification of completion. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.235. Corrective Action was required.</p> <p>During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator developed/created a PREA specialized Power Point training, addressing the Medical and Mental Health role when working with inmates in confinement settings. ARDOC’s Medical and Mental Health contractor Wellpath, made this training a part of their required “<i>Wellpath Academy</i>” annual online trainings.</p> <p>This auditor reviewed the PPT trainings curriculums titled, “<i>ARDOC Medical Specialized Training for PREA</i>” and “<i>ARDOC Mental Health Specialized Training for PREA.</i>” The training curriculums contains 35 slides for Medical staff and 29 slides for the Mental Health staff, focused on <b>1)</b> how to detect and assess signs of sexual abuse and harassment, <b>2)</b> how to preserve physical evidence, <b>3)</b> how to respond effectively and professionally to victims, and <b>4)</b> how and whom to report allegations or suspicions of sexual abuse and harassment. Finally, MCWRC’s Deputy Warden/PCM submitted 3 Wellpath Certificates, 2 certificates as evidence of MCWRC’s Medical staff having completed the “<i>ARDOC Medical Specialized Training for PREA</i>” and 1 certificate as evidence of MCWRC’s Mental Health staff having completed the “<i>ARDOC Mental Health Specialized Training for PREA.</i>”</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.235.</p> |
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| <b>115.241</b> | <b>Screening for risk of victimization and abusiveness</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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</p> |

Standard 115.241. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.241. An excerpt states, "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.

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

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

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.241.

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 resident screened having history of sexual victimization are automatically identified as "high risk of victimization" by the system. However, when any resident 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 resident 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 MCWRC's Classification Officer and the Medical and Mental Health teams about MCWRC'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 began completing all intake screens for all new residents in March 2025. This auditor looked at the screening Medical was completing and noted that it was a WellPath form and not the ARDOC PREA Risk Screening in the *eOmis* system. Further, the Classification Officer completes all *"30-Day PREA Risk Reassessment"* within 30 days of arrival to the facility. This new process became a procedural practice since January 2025. The auditor discussed the need to meet with all new residents who went through the intake process within 21-30 days to ensure that all residents receive a *"30-day PREA Risk Screening Reassessments."*

Additionally, this auditor requested to see a random selection of 20 resident *"PREA Risk Screenings"* in *"eOmis."* MCWRC provided this auditor 11 out of 20 completed *"PREA Risk Screenings."* Moreover, this auditor interviewed a total of 20 MCWRC residents. 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 12 out of the 20 interviewed residents who shared that they did recall being asked those specific screening questions. There were 4 out of the 20 interviewed residents who shared that they could recall being asked these similar screening questions again (30-day PREA Reassessments). Further, when this auditor asked the MCWRC residents the nature of the setting they were asked questions in, each shared that they were asked those questions in private away from other residents. Seven out of 20 residents could not recall being asked these intake questions during the intake period.

This auditor recommended that MCWRC establish a documented system that ensures that all MCWRC residents receive the *"Initial PREA Risk Screening"* during the intake process (as a part of intake to MCWRC), followed by a *"30-day PREA Risk Screening Reassessment"* (within 21 to 30-days of their intake to MCWRC). This auditor also recommended that each resident receive a PREA Risk Screening if they have not yet received one while being at MCWRC. Finally, this auditor recommended MCWRC 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 Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.41. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/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 13 new intake inmates, to assess if MCWRC is conducting screening consistently. ARDOC's PREA Coordinator and MCWRC's Captain/PREA Compliance Manager submitted the requested PREA risk screening documentation for the randomly selected 13 MCWRC inmates, verifying that PREA

initial and 30-day risk reassessment screenings are being consistently completed for all MCWRC inmates. The reviewed inmates' documentation showed that 13 out of 13 LBNU inmates received an *"Initial PREA Risk Screening."* Eleven out of 13 of the randomly selected inmates received their *"PREA Risk Screenings Reassessments"* within the required 30-day threshold, to ensure that MCWRC has established a consistent practice of conducting *"PREA Risk Screening Reassessments"* within 30-days of their intake risk screening.

Additionally, MCWRC's Deputy Warden submitted a *"Memo"* sharing MCWRC's commitment to consistency in practice of PREA Screenings. Excerpts of the *"Memo"* states, *"All offenders who arrived at MCWRC since August 2025 until November 1, 2025. Had a PREA Risk Screening during the intake period by medical, the "30-day PR.EA Risk Screening Reassessment" within 21-30 days by classification. The practice has been consistent since May 2025."*

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

#### **Scope of Review:**

*Each quarterly review will include the following components:*

1. **PREA Screening Reviews** – *A minimum of 20 PREA Screenings will be reviewed for accuracy, completeness, and timeliness.*
2. **Offender Education** – *Verification of Offender PREA Education Acknowledgment Forms for compliance with required delivery and documentation standards.*
3. **Sexual Abuse Investigation Documentation** – *Review of the following required documents for all applicable sexual abuse cases:*
  - *Retaliation Monitoring Assessments*
  - *Victim Notification Forms*
  - *Sexual Abuse Incident Reviews (SAIRs)*
  - *Reporting Process:*
    - *The Office of the PREA Coordinator will compile a written report summarizing the findings for each facility.*
    - *The report will be sent to both 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**

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|  | <ol style="list-style-type: none"> <li>1. <i>Poor</i></li> <li>2. <i>Needs Improvement</i></li> <li>3. <i>Meets Expectations</i></li> <li>4. <i>Exceeds Expectations</i></li> </ol> <p><i>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.”</i></p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.241.</p> |
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| <b>115.242</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 Mississippi County Work Release Center (MCWRC) 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 115.242. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.242. An excerpt states, <i>“If an Offender scores “at risk” for victimization, the designated Staff shall label them as Victim Prone in eOMIS.</i></p> <p><i>If an Offender scores “at risk” for abusiveness, the designated staff shall label them as a Potential Sexual Predator in eOMIS.</i></p> <p><i>The information from the PREA screening shall be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those Offenders who are prone to sexual Victimization from those who are prone to sexual aggression. The facility PCM is responsible for ensuring such separation.</i></p> <p><i>Placement decisions regarding Transgender and Intersex Offenders shall be individualized.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02),” concluding that it has the necessary language to align with PREA Standard 115.242.</p> <p>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 resident screened having history of sexual victimization are automatically identified as “high risk of</p> |

victimization” by the system. However, when any resident 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 resident 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 MCWRC’s Classification Officer and the Medical and Mental Health teams about MCWRC’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 began completing all intake screens for all new residents in March 2025. This auditor looked at the screening Medical was completing and noted that it was a WellPath form and not the ARDOC PREA Risk Screening in the eOmis system. Further, the Classification Officer completes all “30-Day PREA Risk Reassessment” within 30 days of arrival to the facility. This new process became a procedural practice since January 2025. The auditor discussed the need to meet with all new residents who went through the intake process within 21-30 days to ensure that all residents receive a “30-day PREA Risk Screening Reassessments.”

Additionally, this auditor requested to see a random selection of 20 resident “PREA Risk Screenings” in “eOmis.” MCWRC provided this auditor 11 out of 20 completed “PREA Risk Screenings.” Moreover, this auditor interviewed a total of 20 MCWRC residents. 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 12 out of the 20 interviewed residents who shared that they did recall being asked those specific screening questions. There were 4 out of the 20 interviewed residents who shared that they could recall being asked these similar screening questions again (30-day PREA Reassessments). Further, when this auditor asked the MCWRC residents the nature of the setting they were asked questions in, each shared that they were asked those questions in private away from other residents. Seven out of 20 residents could not recall being asked these intake questions during the intake period.

This auditor interviewed the Classification Officer who shared that MCWRC has an open barrack layout. She continued to share that the conditions of acceptance to an ARDOC Work Release program is strict. Every resident goes through a four-step pre-screen process for the program before placement is determined. No residents with violent crimes, sex charges or disciplinaries regarding PREA incidents are admitted into the program. If a resident is found to have a propensity for sexual violence, they will be transferred to another unit. The Classification Officer provided the “Administrative Rules” by the State of Arkansas Board of Corrections which outlines non-eligibility for the Work Release Program. This auditor discussed the importance of considering the most up to date “PREA Risk Screenings” before placing a resident into facility barracks, bed assignments, work and programming.

At this time of this audit, MCWRC did not have any transgender inmates within the facility. This auditor interviewed the Classification Officer, Deputy Warden and Captain regarding transgender residents being housed at MCWRC and discussed shower procedures; pat search procedures and their safety concerns being seriously considered.

During this auditor's exhaustive site review, it was noted that some barrack shower and toileting areas had adequate barriers to provide privacy. This auditor did not observe any LGBTI-specific housing units or programs during the site review. This auditor asked MCWRC's Deputy Warden and Captain if transgender resident's own perception of their safety is taken into serious consideration. Each stated that safety is a priority at MCWRC and any mistreatment by other residents 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 resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. (e) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. (f) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.*

This auditor recommended that the Classification Officer utilize the PREA Risk Screening to house, bed, program and provide work assignments for residents within the MCWRC program. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.242. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC's Deputy Warden submitted a "Memo" to this auditor sharing the screening process and how residents are accepted to the MCWRC, how they are housed, bed, and work assignments, and other programming. Excerpts from this "Memo" (dated 11/06/25) states, "*During MCWRC's screening process, if an inmate is flagged as a sexual predator, under precautions, he will be denied (to MCWRC). Upon arrival at MCWRC, and under the PREA assessment upon 21 days, if the inmate is flagged as sexual predator, inmate will be immediately transferred from MCWRC. During the work release screening process for MCWRC, if inmate is flagged as victim prone under precautions, inmate will still be allowed to come to MCWRC. However, the inmate will be placed in barrack or pods accordingly.*"

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.242.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.251. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.251. 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 Deputy 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 115.251.

Additionally, while onsite, this PREA auditor interviewed a random selection of 20 MCWRC residents asking, "Please share with me at least four different ways a resident can report an incident of sexual abuse or sexual harassment here at MCWRC?" There were 7 of 20 who shared 4 various ways, 7 out of 20 could share 3 various ways to report and 7 out of 20 reported fewer than 2 ways to report. Many of the 20 total residents interviewed stated different staff names to report versus various reporting avenues/ways to report at MCWRC. When this auditor asked the 20 interviewees about an external way for a resident to report and anonymously, 1

out of the 20 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 resident and resident 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 resident.

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 MCWRC’s *CLEST* reporting signage posted on the walls.

This auditor recommended that MCWRC provide in-person *“Refresher Education”* to all MCWRC residents, which should consist of showing the updated PREA video, followed by education on MCWRC’s zero tolerance policy, residents right to be free from sexual abuse and sexual harassment, ways to report, where to report, explaining MCWRC’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 Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.251. Corrective Action was required.

During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC’s Captain/PREA Compliance Manager submitted a *“Memo”* stating that MCWRC showed the PREA videos all day for 7 straight days, in the resident barracks, to ensure that all residents had access/opportunity to view the video. The videos rotated from English versions and Spanish versions each day. MCWRC’s Captain/PCM also submitted photo evidence of the televisions showing the PREA videos being shown.

Additionally, MCWRC’s Captain/PCM submitted 30 randomly selected initialed, acknowledged, and signed *“PREA Offender Education”* checklists of old/current residents (present at the time of onsite audit), as evidence of *“Refresher Education”* provided to current MCWRC residents. MCWRC’s Captain/PCM also submitted 14 *“PREA Offender Education”* checklists of all new/current MCWRC residents (arrived after the onsite audit), as evidence of *“PREA Education”* being provided to new/current intake MCWRC residents. MCWRC’s *“PREA Offender Education Checklist”* entailed education on MCWRC’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at MCWRC, external reporting through Arkansas *Commission on Law Enforcement Standards and Training (CLEST)*,

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|  | <p>Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as victim advocacy education and available access to MCWRC’s specialized trained staff victim advocates.</p> <p>Furthermore, MCWRC’s Captain/PCM also submitted their monthly MCWRC’s <i>“Town Hall Meeting with the Inmate Population”</i> (dated 9/29/25, 10/10/25, 11/01/25, 11/26/25, and 12/20/25). Each town hall meeting agenda entails the following PREA-related topics:</p> <ul style="list-style-type: none"> <li>• <i>Various ways to report at MCWRC</i></li> <li>• <i>Confidential External Reporting through CLEST (Commission on Law Enforcement Training Standards)</i></li> <li>• <i>The procedures for reporting PREA grievances</i></li> <li>• <i>How to access grievance forms</i></li> <li>• <i>The designated staff responsible for collecting grievances</i></li> <li>• <i>The classification of PREA grievances as emergency matters, which are subject to immediate investigation upon receipt</i></li> <li>• <i>Victim Advocates, their roles, and how to access a victim advocate for emotional support</i></li> <li>• <i>Language Line Solutions (now Voyce Global translation/interpretation services)</i></li> </ul> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.251.</p> |
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| 115.252 | Exhaustion of administrative remedies   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.252. Mississippi County Work Release Center (MCWRC) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> as evidence of compliance with PREA Standard 115.252. 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> <p style="margin-left: 40px;"><i>a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i></p> |

*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 Deputy 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 115.252.

While onsite, this auditor interviewed MCWRC's Grievance Officer, who shared that she receives grievances as they come to her through an Officer that is a "Problem Solver" who attempts to resolve resident concerns informally. While onsite, there was not a designated "Grievance Box" and there was no confidential avenue for residents to submit them. This auditor discussed the reason for grievances and the importance of residents having a confidential avenue to report PREA incidents.

During the onsite audit, a grievance box was installed, and the Grievance Officer remains the only person who has access. She continued to share that if a PREA related grievance is received, it is responded to immediately. She stated that all grievances are documented in the eOmis system after the highest-ranking officer on duty is notified of the nature of the grievance. The Grievance Officer shared that she understood her duty to report immediately upon receipt of a PREA grievance which would be considered an "emergency grievance."

Furthermore, this auditor observed one newly installed "Grievance Box" in the Main Resident Dining Area. During interviews with direct care staff, 4 out of 7 knew that grievance is a PREA reporting avenue for residents.

Additionally, while onsite, this PREA auditor interviewed a random selection of 20 MCWRC residents asking, "Please share with me at least four different ways a resident can report an incident of sexual abuse or sexual harassment here at MCWRC?" There were 7 of 20 who shared 4 various ways, 7 out of 20 could share 3 various ways to report and 6 out of 20 reported fewer than 2 ways to report. Many of the 20 total residents interviewed stated different staff names to report versus various reporting avenues/ways to report at MCWRC. When this auditor asked the 20 interviewees the purpose of the "Grievance Box," each resident shared that the "Grievance Box" is a 2-step informal and formal process for residents and staff to

remedy unfair treatment. There were 0 out of the 20 residents shared that the “*Grievance Box*” was an avenue to report PREA incidents.

This auditor recommended that MCWRC provide documented “*Refresher Education*” to all residents 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 Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.252. Corrective Action was required.

During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC’s Captain/PREA Compliance Manager submitted a “*Memo*” stating that MCWRC showed the PREA videos all day for 7 straight days, in the resident barracks, to ensure that all residents had access/opportunity to view the video. The videos rotated from English versions and Spanish versions each day. MCWRC’s Captain/PCM also submitted photo evidence of the televisions showing the PREA videos being shown.

Additionally, MCWRC’s Captain/PCM submitted 30 randomly selected initialed, acknowledged, and signed “*PREA Offender Education*” checklists of old/current residents (present at the time of onsite audit), as evidence of “*Refresher Education*” provided to current MCWRC residents. MCWRC’s Captain/PCM also submitted 14 “*PREA Offender Education*” checklists of all new/current MCWRC residents (arrived after the onsite audit), as evidence of “*PREA Education*” being provided to new/current intake MCWRC residents. MCWRC’s “*PREA Offender Education Checklist*” entailed education on MCWRC’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at MCWRC, 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 MCWRC’s specialized trained staff victim advocates.

Furthermore, MCWRC’s Captain/PCM also submitted their monthly MCWRC’s “*Town Hall Meeting with the Inmate Population*” (dated 9/29/25, 10/10/25, 11/01/25, 11/26/25, and 12/20/25). Each town hall meeting agenda entails the following PREA-related topics:

- *Various ways to report at MCWRC*
- *Confidential External Reporting through CLEST (Commission on Law Enforcement Training Standards)*
- *The procedures for reporting PREA grievances*
- *How to access grievance forms*

- *The designated staff responsible for collecting grievances*
- *The classification of PREA grievances as emergency matters, which are subject to immediate investigation upon receipt*
- *Victim Advocates, their roles, and how to access a victim advocate for emotional support*
- *Language Line Solutions (now Voyce Global translation/interpretation services)*

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.252.

**115.253 Resident access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.253. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.253. An excerpt states, “*Victim Advocacy Training - Employees designated to provide victim advocacy for Offenders when a community-based organization is not available must receive approved training as indicated for Victim advocates.*”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.253.

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and “Coordinated Response Plan” concluding that they have the necessary language to align with PREA Standard 115.253.

While onsite, this auditor interviewed MCWRC’s Victim Advocates, who shared that there were 2 specialized trained staff who completed the 4-hour “*Sexual Assault*

*Victim Advocacy Training.*” All training verification certificates were reviewed and verified. They shared that the residents can currently request a victim advocate, however many residents may be unaware of who the advocates are.

While on site, this auditor interviewed a random selection of 20 MCWRC residents. When this auditor asked about their knowledge of victim advocacy services provided for residents at MCWRC, 0 out of the 20 residents knew who the MCWRC Victim Advocates were and were unaware that the advocates are for resident victims of sexual abuse and emotional support for all MCWRC residents.

This auditor recommended that all MCWRC residents receive *“Refresher Education”* focused on who the staff victim advocates are, their role and purpose, and how to access them if needed. Residents should be aware that the staff victim advocates provide emotional support to all MCWRC residents. This auditor also recommended that MCWRC 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 residents can access them if needed. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.253. Corrective Action was required.

During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC’s Captain/PREA Compliance Manager submitted 30 randomly selected initialed, acknowledged, and signed *“PREA Offender Education”* checklists of old/current residents (present at the time of onsite audit), as evidence of *“Refresher Education”* provided to current MCWRC residents. MCWRC’s Captain/PCM also submitted 14 *“PREA Offender Education”* checklists of all new/current MCWRC residents (arrived after the onsite audit), as evidence of *“PREA Education”* being provided to new/current intake MCWRC residents. MCWRC’s *“PREA Offender Education Checklist”* entailed education on MCWRC’s zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at MCWRC, 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 MCWRC’s specialized trained staff victim advocates.

Additionally, MCWRC’s Captain/PCM submitted their monthly MCWRC’s *“Town Hall Meeting with the Inmate Population”* (dated 9/29/25, 10/10/25, 11/01/25, 11/26/25, and 12/20/25). Each town hall meeting agenda entails the following PREA-related topics:

- *Various ways to report at MCWRC*
- *Confidential External Reporting through CLEST (Commission on Law*

*Enforcement Training Standards)*

- *The procedures for reporting PREA grievances*
- *How to access grievance forms*
- *The designated staff responsible for collecting grievances*
- *The classification of PREA grievances as emergency matters, which are subject to immediate investigation upon receipt*
- *Victim Advocates, their roles, and how to access a victim advocate for emotional support*
- *Language Line Solutions (now Voyce Global translation/interpretation services)*

Finally, MCWRC's Captain/PCM submitted their "PREA Staff Training Agenda/Curriculum" and 15 randomly selected staff "PREA Training Acknowledgement Forms" (dated 9/03/25, 9/10/25, and 9/13/25), as evidence of "Staff Refresher Training." The "PREA Staff Training Agenda/Curriculum" entailed the training discussion agenda and topics of discussion. In reviewing MCWRC's "PREA Staff Training Agenda/Curriculum," MCWRC's training focused on:

- *Introductions of Victim MCWRC's Advocates*
- *Victim Advocates Responsibilities*
- *Staff Collaboration with Victim Advocates*
- *Trauma Informed Communications*
- *Reporting and Documentation*

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.253.

| 115.254 | Third party reporting   |
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|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b><br><br>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.254. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.254. 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 Deputy 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 115.254.

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 20 residents, asking of ways a MCWRC resident could report sexual abuse or sexual harassment. There were only 8 out of 20 who responded that they could report through a 3rd Party. This auditor also reviewed MCWRC's *"End the Silence"* PREA pamphlet, which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting resident).

This auditor recommends that residents 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 a resident. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.254. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, MCWRC's Captain/PREA Compliance Manager submitted a *"Memo"* stating that MCWRC showed the PREA videos all day for 7 straight days, in the resident barracks, to ensure that all residents had access/opportunity to view the video. The videos rotated from English versions and Spanish versions each day. MCWRC's Captain/PCM also submitted photo evidence of the televisions showing the PREA videos being shown.

Additionally, MCWRC's Captain/PCM submitted 30 randomly selected initialed, acknowledged, and signed *"PREA Offender Education"* checklists of old/current residents (present at the time of onsite audit), as evidence of *"Refresher Education"* provided to current MCWRC residents. MCWRC's Captain/PCM also submitted 14 *"PREA Offender Education"* checklists of all new/current MCWRC residents (arrived after the onsite audit), as evidence of *"PREA Education"* being provided to new/current intake MCWRC residents. MCWRC's *"PREA Offender Education Checklist"* entailed education on MCWRC's zero tolerance policy, inmates rights to be free from sexual abuse and harassment, multiple ways to report at MCWRC, 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 MCWRC's specialized trained staff victim advocates.

Furthermore, MCWRC's Captain/PCM also submitted their monthly MCWRC's *"Town Hall Meeting with the Inmate Population"* (dated 9/29/25, 10/10/25, 11/01/25, 11/26/25, and 12/20/25). Each town hall meeting agenda entails the following PREA-related topics:

- Various ways to report at MCWRC
- Confidential External Reporting through CLEST (Commission on Law Enforcement Training Standards)

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|  | <ul style="list-style-type: none"> <li>• The procedures for reporting PREA grievances</li> <li>• How to access grievance forms</li> <li>• The designated staff responsible for collecting grievances</li> <li>• The classification of PREA grievances as emergency matters, which are subject to immediate investigation upon receipt</li> <li>• Victim Advocates, their roles, and how to access a victim advocate for emotional support</li> <li>• Language Line Solutions (now Voyce Global translation/interpretation services)</li> </ul> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.254.</p> |
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| <b>115.261</b> | <b>Staff and agency reporting duties</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.261. Mississippi County Work Release Center (MCWRC) submitted their Arkansas Department of Correction’s Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.261. 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 Deputy Warden or deputy 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 115.261.</p> <p>While onsite, this auditor also interviewed 14 randomly selected MCWRC specialized staff, direct supervision staff, and contractors. Each knew their duty to immediately report if they are informed, suspects, receive information, or become aware of sexual abuse at MCWRC. Finally, this auditor interviewed 20 randomly selected residents. Each interviewed resident shared that staff immediately respond to reports of sexual abuse or sexual harassment. Finally, this auditor reviewed</p> |

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|  | <p>ARDOC’s website and Coordinated Response Plan, which provided information to residents 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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.261.</p> |
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| <b>115.262</b> | <b>Agency protection duties</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 Mississippi County Work Release Center (MCWRC) 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 115.262. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.262. An excerpt states, <i>“If at any time it is learned that an Offender is subject to a substantial risk of imminent Sexual Abuse, immediate action shall be taken to protect the Offender.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.262.</p> <p>While onsite, this auditor also interviewed 14 randomly selected MCWRC specialized staff, direct supervision staff, and contractors, asking the question, <i>“If you learn that a resident 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/ MCWRC’s PREA Compliance Manager, recommending changing barrack assignments or programming adjustments. Finally, this auditor interviewed 20 randomly selected residents. Each interviewed resident shared that staff protect vulnerable residents, and they immediately respond to any reports of resident risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.262.</p> |

| <b>115.263</b> | <b>Reporting to other confinement facilities</b>            |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> |
|                | <p><b>Auditor Discussion</b></p>                            |

This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.263. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.263. An excerpt states, *"Within seventy-two (72) hours of receiving an allegation that an Offender was sexually abused while confined at another facility, the Deputy Warden shall notify the head of the facility where the incident occurred.*

*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."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and has concluded that it has the necessary language to align with PREA Standard 115.263.

While on site, this auditor interviewed MCWRC's Deputy Warden and asked if MCWRC received any reports from residents within the last 12 months. He shared that MCWRC did not receive any allegations. 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 MCWRC Deputy Warden stated that if a report of sexual abuse came from a resident regarding another facility, MCWRC's specialized trained PREA Investigators would provide support to the previous facility investigators throughout the investigation if such a report was received. MCWRC's Deputy Warden demonstrated understanding of the process.

He shared that he would implement ARDOC's letter template immediately. This auditor discussed the timeline if a MCWRC resident reports sexual abuse that occurred at a previous facility and that MCWRC is responsible to provide a written notice to the facility within 72 hours by either herself or the designee.

MCWRC submitted a fillable template memo that ARDOC utilizes to *"Report to Other Confinement Facility"* as evidence of compliance. This template memo aligns with PREA Standard 115.263. This memo can be used by MCWRC's Deputy Warden to inform other confinement facility heads of sexual abuse incidents which occurred at a previous confinement facility and was reported by an MCWRC resident. Finally, this auditor interviewed 20 randomly selected residents. No interviewed residents shared that they reported being a victim of unreported sexual abuse at a previous facility and shared that investigations were started immediately.

This PREA auditor concludes that the Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.263.

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| <b>115.264</b> | <b>Staff first responder duties</b> |
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.264. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.264. An excerpt states, "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:

*a. The separation of the Victim and Perpetrator.*

*b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.*

*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 115.264.

While onsite, this auditor interviewed a random selection of 7 MCWRC 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. Seven out of 7 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Six out of 7 interviewed security supervision staff were able to share their duties to preserve the potential

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|  | <p>crime scene to preserve usable evidence without this auditor’s prompt. Six out of 7 staff discussed first responder duties as well as crime scene preservation in terms of requesting residents not to change clothing, use the toilet, or shower. Finally, this auditor reviewed MCWRC’s training curriculum, which contained all the first responder duty deliverables within its information.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.264.</p> |
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| <b>115.265</b> | <b>Coordinated response</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 Mississippi County Work Release Center (MCWRC) 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 115.265. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections Coordinated Response Plan (24 pages)” as evidence of compliance with PREA Standard 115.265. The coordinated response spells out each ARDOC staff, contractor, community hospital and related agency’s roles in responding to ARDOC resident sexual abuse. An excerpt states, <i>“Updates to the PREA Coordinated Response Plan must be approved by the DOC PREA Coordinator. Any revisions not approved by the DOC PREA Coordinator will be violating Secretarial Directive 2024-02. For update inquiries, please email DOCPREASUPERVISOR@doc.arkansas.gov.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.265.</p> <p>While onsite, this auditor interviewed 7 specialized staff (medical, mental health, facility supervisory, PREA Compliance Manager, Investigators, etc.) and asked their coordinated responsibilities if a resident is sexually abused while they are on duty (not the 1st Responder) and an active sexual abuse incident occurred. Each specialized staff and contractor staff knew their coordinated responsibilities.</p> <p>While onsite, this auditor interviewed a random selection of 7 MCWRC 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. Seven out of 7 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Six out of 7 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 7</p> |

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|  | <p>staff discussed what first responder duties as well as crime scene preservation in terms of requesting residents not to change clothing, use the toilet, or shower. Finally, this auditor reviewed MCWRC’s training curriculum, which contained all the first responder duty deliverables within its information.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.265.</p> |
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| <b>115.266</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.266.</p> <p>This PREA Auditor did not receive any pre-audit documents by Mississippi County Work Release Center (MCWRC), to be reviewed to determine compliance with Standard 115.266. This PREA Auditor interviewed ARDOC Secretary (Agency Head), ARDOC Chief of Staff (Designee), ARDOC’s PREA Coordinator and the Deputy Warden of MCWRC. Each individually affirmed that Arkansas is not a union state, and ARDOC is not a union agency. They further shared that ARDOC and MCWRC 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 5 randomly selected specialized and 7 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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.266.</p> |

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| <b>115.267</b> | <b>Agency protection against retaliation</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit</p> |

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 115.267. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.267. 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 115.267.*

While on site, this auditor interviewed 2 MCWRC 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 2 PREA Investigator's Specialized Training through ARDOC's "*Sexual Abuse Investigations Training (SAIT)*." MCWRC provided 1 certificate for one of the 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 MCWRC 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 24 months, to gain insight into MCWRC's PREA Investigator reporting style and investigation content. This auditor reviewed 3 randomly selected PREA investigations (1 Sexual Harassment and 2 Sexual Abuse). While reviewing each selected completed investigation packet, this auditor identified that 1 of the 3 investigation files

reviewed had *“Initial Retaliation Monitoring”* completed/documented. In reviewing Arkansas Department of Corrections’ Retaliation Monitoring form, it included: documented initial retaliation monitoring check, face-to-face check-ins (with resident signature), documentation of program reviews, and disciplinary report reviews. The alleged victims and alleged perpetrators are asked if they wanted to speak to mental health and are given an opportunity to sign the retaliation form.

Finally, this auditor interviewed 20 randomly selected MCWRC residents asking, *“Have you reported or has there been any reports of sexual abuse or sexual harassment at MCWRC since you’ve been here?”* Twenty residents stated that they had not reported sexual abuse while at MCWRC.

This auditor recommended that MCWRC demonstrate consistency in practice of completing *“Initial Retaliation Monitoring”* on all PREA Investigations, as well as *“30-, 60-, and 90-day Retaliation Monitoring”* for sexual abuse investigations when there is a PREA investigation. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.267. Corrective Action was required.

During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator submitted MCWRC’s only 2 completed PREA investigations which occurred during this Corrective Action Period (CAP) (1 SA and 1 SH PREA investigation) (1 unsubstantiated inmate on inmate sexual harassment; 1 unfounded staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 2 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 1 sexual abuse (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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.267.

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| <b>115.271</b> | <b>Criminal and administrative agency investigations</b> |
|                | <b>Auditor Overall Determination:</b> Meets Standard     |

**Auditor Discussion**

This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.271. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.271. An excerpt states, *“All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports. A PREA investigation shall be initiated within twenty-four (24) hours of the incident upon report to the facility or DOC investigator or as soon as possible if referred for investigation to the Arkansas State Police (ASP). ASP shall be notified once the quality of evidence appears to support criminal prosecution.*

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

ARDOC’s PC also submitted their revised “Arkansas Department of Corrections PREA Secretarial Directive (SD 2025-01)” as evidence of compliance with PREA Standard 115.271. The revised excerpt now states, *“All PREA investigations shall be referred to the PCM, PREA Coordinator, and Deputy Warden or their designee for review and approval upon completion. Once approved by the Deputy 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.”*

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 115.271. The revised excerpt 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.”*

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 115.271.

While on site, this auditor interviewed 2 MCWRC 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 2 PREA Investigator's Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)." MCWRC provided 1 certificate for current investigators on staff.

This auditor requested to see a random selection of completed PREA Administrative Investigations within the last 24 months. This auditor reviewed 3 PREA investigations from the past 24 months at MCWRC (2 Sexual Abuse; 1 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 but did not have 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. The investigations submitted had the former cover sheet that did not have PREA compliant language.

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 Deputy 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 Deputy Warden for further review.

**Deputy Warden: Upon notification of an alleged incident of sexual abuse, the Deputy 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 Deputy Warden or their designee for review and approval upon completion. Once approved by the Deputy 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."

This auditor interviewed ARDOC's PREA Coordinator, MCWRC's Deputy Warden, Captain/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 resident 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/Deputy 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 Deputy Warden or their designee for review and approval upon completion. Once approved by the Deputy 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 Deputy Warden or their designee for review and approval upon completion. Once approved by the Deputy 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 residents 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 residents 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.”*

This auditor recommended that MCWRC establish a period of consistency in practice of following/adhering to the above-mentioned revised Secretarial Directives (SD 2025-01 & SD 2025-02) for investigations, as well as its procedures, before compliance with this PREA standard can be determined. This auditor also recommended that the Facility Administrative Investigators utilize camera footage as a part of their information gathering process to support the investigative process, as well as document how/if camera footage usage provided any assistance in assisting with the PREA Administrative investigation. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.271. Corrective Action was required.

During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator submitted MCWRC’s only 2 completed PREA investigations which occurred during this Corrective Action Period (CAP) (1 SA and 1 SH PREA investigation) (1 unsubstantiated inmate on inmate sexual harassment; 1 unfounded staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 2 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 1 sexual abuse (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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.271.

| 115.272 | <b>Evidentiary standard for administrative investigations</b>  |
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|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.272. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" #1A-27 as evidence of compliance with PREA Standard 115.272. 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 115.272.

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 2 MCWRC 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 2 PREA Investigator's Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)." MCWRC provided 1 certificate for current investigators on staff.

This auditor requested to see a random selection of completed PREA Administrative Investigations within the last 24 months. This auditor reviewed 3 PREA investigations from the past 24 months at MCWRC (2 Sexual Abuse; 1 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 but did not have 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).

Moreover, during MCWRC's onsite PREA audit closeout debriefing meeting with ARDOC's PC, MCWRC's Deputy Warden, and Captain/PCM, 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 115.272. The revised ARDOC "PREA Investigation Determination Cover Sheet" only identifies "Unsubstantiated," "Substantiated," or "Unfounded" as the preponderance of evidence options, to align with this PREA Standard. ARDOC also revised the process so that the PREA Coordinator will complete a final review of the investigation to determine preponderance of evidence to ensure that the outcome aligns with PREA Standards of Administrative investigations.

This auditor recommended that MCWRC ensures that each concluded PREA Administrative Investigation packet have a completed "PREA Investigation Determination Cover Sheet." Additionally, this auditor recommended that MCWRC 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 Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.272. Corrective Action was required.

During Mississippi County Work Release Center's (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and MCWRC's Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC's PREA Coordinator submitted MCWRC's only 2 completed PREA investigations which occurred during this Corrective Action Period (CAP) (1 SA and 1 SH PREA investigation) (1 unsubstantiated inmate on inmate sexual harassment; 1 unfounded staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 2 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

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|  | <p>either being “unsubstantiated,” “substantiated,” or “unfounded”). The 1 sexual abuse (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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.272.</p> |
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| <b>115.273</b> | <b>Reporting to residents</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.273. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” #1A-27 as evidence of compliance with PREA Standard 115.273. 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> <p><i>a. Allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded.</i></p> <p><i>b. Perpetrator is no longer posted within the Victim’s unit.</i></p> <p><i>c. Perpetrator is no longer employed. d. Perpetrator has been indicted or convicted on a charge related to the Sexual Abuse.</i></p> <p><i>The obligation to inform the Victim shall terminate if they are released from custody.”</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 115.273.</p> <p>This PREA auditor also reviewed ARDOC’s “Coordinated Response Plan,” which is a written prescription of the actions and conduct of all ARDOC facility level and agency level staff involved in incidents of sexual abuse and sexual harassment (amongst staff first responders, medical and mental health practitioners, investigators, and facility leadership). Excerpts from ARDOC’s “Coordinated Response Plan” offender notification sections states,</p> |

## **OFFENDER NOTIFICATION**

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

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

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

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

While on site, this auditor interviewed 2 MCWRC 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 2 PREA Investigator’s Specialized Training through ARDOC’s “Sexual Abuse Investigations Training (SAIT).” MCWRC provided 1 certificate for current investigators on staff.

This auditor requested to see a random selection of completed PREA Administrative Investigations within the last 24 months. This auditor reviewed 3 PREA investigations from the past 24 months at MCWRC (2 Sexual Abuse; 1 Sexual Harassment). The content within the investigation report had a structured order, supporting documents/statements, and had an overall summary, conclusion and recommendation. The investigation reports did not have updated “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 2 reviewed (1 substantiated, 1 unsubstantiated) sexual abuse investigations had “Notice of Investigation Status” (resident notification) within the investigation files. According to PREA Standard 115.273 (a): “Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”

This auditor recommended MCWRC’s PREA Compliance Manager establish a consistency in practice of ensuring that residents who allege sexual abuse receive a “Notice of PREA Investigation Status” of the outcome of their PREA investigation whether substantiated, unsubstantiated or unfounded, even if that resident has transferred to another facility 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 Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.273. Corrective Action was required.

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|  | <p>During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator submitted MCWRC’s only 2 completed PREA investigations which occurred during this Corrective Action Period (CAP) (1 SA and 1 SH PREA investigation) (1 unsubstantiated inmate on inmate sexual harassment; 1 unfounded staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.</p> <p>Additionally, the 2 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 1 sexual abuse (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).</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.273.</p> |
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| <b>115.276</b> | <b>Disciplinary sanctions for staff</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.276. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.276. 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>b. Termination shall be the presumptive disciplinary sanction for Staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.</p> <p>c. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the Staff member’s disciplinary history.</p> |

*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 115.276.

While on site, this auditor interviewed MCWRC’s Deputy Warden who shared that MCWRC’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 MCWRC’s Deputy Warden.

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.276.

| 115.277 | Corrective action for contractors and volunteers   |
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|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.277. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.277. 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> |

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|  | <p><i>unless the activity was clearly not criminal, and to any relevant licensing bodies.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.277.</p> <p>While on site, this auditor interviewed MCWRC’s Deputy Warden who shared that ARDOC’s and MCWRC’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 MCWRC 's Deputy Warden and ARDOC’s PREA Coordinator.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.277.</p> |
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| <b>115.278</b> | <b>Disciplinary sanctions for residents</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 Mississippi County Work Release Center (MCWRC) 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 115.278. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.278. An excerpt states, “a. <i>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> |

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

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

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

- i. Calling about a non-PREA related issue;
- ii. Repeatedly calling about the same allegation; or
- iii. Threatening the safety of Staff or other Offenders.”

This auditor also reviewed “Arkansas Department of Corrections Administrative Directive (2024-04)-Resident Disciplinary Manual” as evidence of compliance with PREA Standard 115.278. An excerpt states, “PREA Charge = Any Rule Violation that is connected to the Prison Rape Elimination Act (PREA) and requires a response directed by the Department’s PREA Policy. The outcome for a PREA violation may direct a precaution to be entered into the electronic offender file indicating predator or victim identifications. This would include incidents of:

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

Additionally, ARDOC’s Administrative Directive (2024-04) identifies the following acts are considered Class A penalty class behaviors. Class A behaviors are the highest disciplinary behaviors within all ARDOC’s facilities. The PREA related behaviors are as follows:

**SEXUAL ACTIVITY CATEGORIES**

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

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

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

**10-4.** Bestiality.

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

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

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

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and “Administrative Directive (2024-04),” concluding that both has the necessary language to align with PREA Standard 115.278.

While onsite, this auditor interviewed 30 residents and asked about MCWRC’s rules and sanctions for resident-on resident sexual abuse or sexual harassment. Residents were clear that sexual abuse and sexual harassment is not tolerated at MCWRC’s facility. Each interviewed resident stated that sexual abuse is not tolerated and is a “**CLASS A**” infraction. This PREA auditor also interviewed MCWRC’s Deputy Warden. He shared that MCWRC’s protocol on substantiated resident-on-resident sexual abuse investigations. He was aligned with ARDOC’s above-mentioned directives on resident sanctions for sexual abuse/sexual harassment. MCWRC’s Deputy Warden also shared that disciplinarys are handled by the “Disciplinary Hearing Committee” to provide sanctions and interventions for residents. The resident would likely be sent back to their “Parent Unit” which is a higher security facility.

Finally, MCWRC’s Deputy Warden shared that resident sanctions are commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. He also shared that the disciplinary committee does take into consideration any diagnosed/documentated history of mental health/mental disabilities prior to making sanction determinations.

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.278.

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| <b>115.282</b> | <b>Access to emergency medical and mental health services</b> |
|                | <b>Auditor Overall Determination:</b> Meets Standard          |
|                | <b>Auditor Discussion</b>                                     |

This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.282. Mississippi County Work Release Center (MCWRC) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.282. 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 115.282.

While on site, this auditor conducted an exhaustive site review/tour of MCWRC and observed a medical triage area for medical services at MCWRC. This auditor interviewed medical contractor, WellPath's Health Service Administrator and Facility Nurse, who shared that MCWRC primarily utilizes "St. Bernards Regional Medical Center" for medical services for their residents. WellPath's Health Services Administrator and additional nursing personnel to assist residents in navigating the services MCWRC residents need. The WellPath Health Service Administrator, Facility Nurse and Mental Health Director shared that medical and mental health decisions are made based on their professional judgements, and victim residents are informed about emergency contraception by the local hospital they are taken to and followed up by MCWRC (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 a resident receives medical services outside the facility.

Additionally, the Health Service Administrator, Facility Nurse and Mental Health Professional shared that MCWRC staff work together to ensure that victims receive appropriate medical and mental health care, as well as emotional support

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|  | <p>provisions. MCWRC resident victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services. Finally, WellPath’s Mental Health Professional, Facility Nurse 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 residents, asking about the effectiveness of medical and mental health care. All 30 residents shared positive responses about the provision of support, response, and assistance by MCWRC and ARDOC team of staff. There was consistency in responses to “sick residents” turnaround time is within 24 to 72 hours, triaged based on urgency.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.282.</p> |
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| <b>115.283</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.283. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.283. An excerpt states, <i>“a. All Offenders who have been Victims of Sexual Abuse in any correctional facility shall be offered medical and mental health evaluations and as appropriate, any necessary treatment related to Sexual Abuse. This includes timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by medical and mental health practitioners according to their professional judgment. This also includes timely and comprehensive information about emergency contraception, pregnancy testing, sexually transmitted infection testing and prophylaxis, and lawful pregnancy-related medical services deemed appropriate by the medical practitioner.</i></p> <p><i>b. Mental health practitioners shall attempt to conduct an evaluation on all known Offender-on-Offender Perpetrators within sixty (60) days of learning of such abuse and provide treatment as deemed appropriate.</i></p> <p><i>c. Current and previous Victims of Sexual Abuse shall receive any medical and mental health services related to the Sexual Abuse at no cost to the Offender.”</i></p> |

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and has concluded that it has the necessary language to align with PREA Standard 115.283.

While on site, this auditor conducted an exhaustive site review/tour of MCWRC and observed a medical triage area for medical services at MCWRC. This auditor interviewed medical contractor, WellPath's Health Service Administrator and the Facility Nurse, who shared that MCWRC primarily utilizes "*St. Bernards Regional Medical Center*" for medical services for their residents. WellPath's Health Services Administrator and additional nursing personnel assist in navigating the services MCWRC residents need. The WellPath Health Service Administrator, Facility Nurse and Mental Health Professional 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 a resident return 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 residents 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 resident 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 Professional shared that MCWRC staff work together to ensure that that victims receive appropriate medical and mental health care, as well as emotional support provisions. MCWRC resident victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services. Finally, WellPath's Mental Health Professional and Health Service Administrator both shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. The Health Service Administrator further stated that resident victims are offered sexually transmitted infections tests, informed about emergency contraception, and provided follow-up medical services through the local hospital where the resident would be transported.

Finally, this auditor interviewed a random selection of 30 residents, asking about the effectiveness of medical and mental health care. All 30 residents shared positive responses about the provision of support and assistance by WellPath staff. There was consistency in responses to "sick residents" turnaround time is within 24 to 72 hours, triaged based on urgency.

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.283.

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| <b>115.286</b> | <b>Sexual abuse incident reviews</b>   |
|                | <p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1484 958">This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.286. Mississippi County Work Release Center (MCWRC) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.286. 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="280 999 1375 1070"><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="280 1111 1469 1227"><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="280 1267 1433 1339"><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="280 1379 1358 1415"><i>d. Assess the adequacy of Staffing levels in that area during different shifts.</i></li> <li data-bbox="280 1456 1398 1527"><i>e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by Staff.</i></li> <li data-bbox="280 1568 1455 1684"><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="280 1724 1353 1796"><i>The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.”</i></p> <p data-bbox="280 1836 1469 1908">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.286.</p> <p data-bbox="280 1948 1469 2065">While on site, this auditor interviewed MCWRC’s Deputy Warden and Captain/PCM. They shared that <i>Sexual Abuse Incident Reviews (SAIR)</i> are required to occur within 30 days of the conclusion of sexual abuse investigations (substantiated and</p> |

unsubstantiated). They further shared that MCWRC has not yet established an SAIR 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 115.286. 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 2 MCWRC 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. MCWRC's PCM also submitted a copy of 1 MCWRC PREA Investigator Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)."

Additionally, this auditor requested complete investigations within the past 24 months. This auditor reviewed 3 randomly selected PREA investigations (1 Sexual Harassment and 2 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 MCWRC'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

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|  | <p>compliance can be determined. All <i>“Sexual Abuse Incident Review”</i> should be a part of the completed/concluded PREA Administrative Investigation paperwork/packet. This PREA auditor concluded that Mississippi County Work Release Center (MCWRC) was not in compliance with PREA Standard 115.286. Corrective Action was required.</p> <p>During Mississippi County Work Release Center’s (MCWRC) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and MCWRC’s Captain/PREA Compliance Manager. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator submitted MCWRC’s only 2 completed PREA investigations which occurred during this Corrective Action Period (CAP) (1 SA and 1 SH PREA investigation) (1 unsubstantiated inmate on inmate sexual harassment; 1 unfounded staff on inmate sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.</p> <p>Additionally, the 2 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 1 sexual abuse (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>Finally, MCWRC’s Captain/PREA Compliance Manager submitted a <i>“Memo”</i> describing their designation of MCWRC’s SAIR team and procedures. Excerpts <i>“Memo”</i> states, <i>“MCWRC has implemented a 30-day multi-disciplinary Sexual Abuse Incident Review (SAIR) committee in alignment with PREA standards and the auditor’s recommendation. The SAIR committee is composed of representatives from security, medical/classification, investigations, and facility administration to ensure a comprehensive review of each case.”</i></p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.286.</p> |
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| <b>115.287</b> | <b>Data collection</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.287. Mississippi County Work Release Center 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 115.287. 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 115.287.

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

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

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|  | <p>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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.287.</p> |
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| <b>115.288</b> | <b>Data review for corrective action</b>  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.288. Mississippi County Work Release Center 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 115.288. An excerpt states, <i>“1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.</i></p> <p><i>2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.</i></p> <p><i>3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.</i></p> <p><i>4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.</i></p> <p><i>5. Aggregated data collected shall be made available to the public annually through</i></p> |

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 115.288.

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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.288.

| 115.289 | Data storage, publication, and destruction   |
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|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC) 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 115.289. Mississippi County Work Release Center 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 115.289. 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 115.289.

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

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|  | <p>PREA-related documents are still available for up to 10 years.</p> <p>This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.289.</p> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Mississippi County Work Release Center (MCWRC) 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. Mississippi County Work Release Center plans to continue to have a PREA audit conducted every three years. This is MCWRC’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 Mississippi County Work Release Center. 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. MCWRC residents 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 Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.401.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This PREA Auditor reviewed Mississippi County Work Release Center (MCWRC), pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.403.</p> <p>ARDOC has not had any PREA Final Audit Reports issued in the past three years. However, this auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the</p> |

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.

This PREA auditor also interviewed ARDOC's IT/Social Media Manager, who is the designated gatekeeper of electronic information being disseminated to the public via ARDOC's website (after approval from ARDOC's Secretary of Corrections (agency head) and PREA Coordinator's submittal). Additionally, ARDOC's IT/Social Media Manager walked this auditor through the process once she receives PREA Annual Reports to the reports "going live" onto ARDOC's website for public viewing. Finally, ARDOC's PC and IT/Social Media Manager shared that Personal Identifiers are not written into annual reports or would be redacted prior to "going live" for public viewing. Finally, this auditor reviewed annual reports on ARDOC's website from 2015 through 2024. Each report contained corrective actions taken. MCWRC will be conducting their first facility audit in this 3rd year of this 4th cycle. Finally, ARDOC's IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years.

This PREA auditor concludes that Mississippi County Work Release Center (MCWRC) is in compliance with PREA Standard 115.403.

| <b>Appendix: Provision Findings</b> |  |     |
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| <b>115.211<br/>(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>115.211<br/>(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 community confinement facilities?   | yes |
| <b>115.212<br/>(a)</b>              | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| <b>115.212<br/>(b)</b>              | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  | yes |
| <b>115.212<br/>(c)</b>              | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in  | yes |

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|                    | emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) |     |
|                    | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)                     | yes |
| <b>115.213 (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 residents against sexual abuse?  | yes |
|                    | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  | yes |
|                    | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  | 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>115.213 (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? (NA if no deviations from staffing plan.)   | yes |
| <b>115.213 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?   | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing   | yes |

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|                    | staffing patterns?  |     |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?   | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?   | yes |
| <b>115.215 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  | yes |
| <b>115.215 (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 residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)   | na  |
|                    | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  | na  |
| <b>115.215 (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 residents?  | yes |
| <b>115.215 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
|                    | Does the facility have procedures that enable residents to shower,  | yes |

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|                    | perform bodily functions, and change clothing without non-medical 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?  |     |
|                    | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  | yes |
| <b>115.215 (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>115.215 (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>115.216 (a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?    | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?   | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or  | yes |

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|                        | benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:<br>Residents who have psychiatric disabilities?  |     |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:<br>Residents who have speech disabilities?                            | yes |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:<br>Other (if "other," please explain in overall determination notes.) | yes |
|                        | Do such steps include, when necessary, ensuring effective communication with residents 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 residents with disabilities including residents who: Have intellectual disabilities?  | yes |
|                        | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?   | yes |
|                        | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?  | yes |
| <b>115.216<br/>(b)</b> | <b>Residents with disabilities and residents 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 residents who are limited English proficient?   | yes |
|                        | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and  | yes |

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|                        | expressively, using any necessary specialized vocabulary?  |     |
| <b>115.216<br/>(c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                        | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| <b>115.217<br/>(a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  | yes |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?  | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                         | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?   | yes |

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| <b>115.217<br/>(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 residents?  | yes |
|                        | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?   | yes |
| <b>115.217<br/>(c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                        | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?   | yes |
|                        | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| <b>115.217<br/>(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 residents?   | yes |
| <b>115.217<br/>(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 residents or have in place a system for otherwise capturing such information for current employees?   | yes |
| <b>115.217<br/>(f)</b> | <b>Hiring and promotion decisions</b>  |     |
|                        | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?   | yes |
|                        | Does the agency ask all applicants and employees who may have  | yes |

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|                    | contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  |     |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?   | yes |
| <b>115.217 (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>115.217 (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>115.218 (a)</b> | <b>Upgrades to facilities and technology</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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | no  |
| <b>115.218 (b)</b> | <b>Upgrades to facilities and technology</b>   |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)         | no  |
| <b>115.221</b>     | <b>Evidence protocol and forensic medical examinations</b>   |     |

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| <b>(a)</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>115.221 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)  | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| <b>115.221 (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>115.221 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency attempt to make available to the victim a victim  | yes |

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|                    | advocate from a rape crisis center?  |     |
|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?   | yes |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?   | yes |
| <b>115.221 (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 forensic medical examination process and investigatory interviews?  | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?   | yes |
| <b>115.221 (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>115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | yes |
| <b>115.222 (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   | yes |

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|                    | investigation is completed for all allegations of sexual harassment?  |     |
| <b>115.222 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency have a policy 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>115.222 (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 the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)        | yes |
| <b>115.231 (a)</b> | <b>Employee training</b>  |     |
|                    | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  | yes |

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|                    | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?   | 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 residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?              | yes |
| <b>115.231 (b)</b> | <b>Employee training</b>   |     |
|                    | Is such training tailored to the gender of the residents at the employee's facility?   | yes |
|                    | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?                        | yes |
| <b>115.231 (c)</b> | <b>Employee training</b>   |     |
|                    | Have all current employees who may have contact with residents 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>115.231 (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 |

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| <b>115.232<br/>(a)</b> | <b>Volunteer and contractor training</b>  |     |
|                        | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.232<br/>(b)</b> | <b>Volunteer and contractor training</b>  |     |
|                        | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.232<br/>(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>115.233<br/>(a)</b> | <b>Resident education</b>   |     |
|                        | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  | yes |
|                        | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?   | yes |
|                        | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                        | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                        | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  | yes |
| <b>115.233<br/>(b)</b> | <b>Resident education</b>   |     |
|                        | Does the agency provide refresher information whenever a  | yes |

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|                    | resident is transferred to a different facility?  |     |
| <b>115.233 (c)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  | yes |
| <b>115.233 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.233 (e)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?   | yes |
| <b>115.234 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| <b>115.234 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing   | yes |

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|                        | sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).  |     |
|                        | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).  | yes |
| <b>115.234<br/>(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 criminal or administrative sexual abuse investigations. See 115.221(a).)  | yes |
| <b>115.235<br/>(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 have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                        | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                    | yes |
|                        | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and   | yes |

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|                    | 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.)   |     |
|                    | 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>115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)  | yes |
| <b>115.235 (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>115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)  | yes |
|                    | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)  | yes |
| <b>115.241 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive  | yes |

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|                    | toward other residents?   |     |
|                    | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?   | yes |
| <b>115.241 (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>115.241 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?   | yes |
| <b>115.241 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?              | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?                                 | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?                     | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
|                    | The subsection of this provision is no longer applicable to your compliance finding, please select N/A.   | na  |

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|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  | yes |
| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?   | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?   | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  | yes |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| <b>115.241 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Referral?   | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Request?  | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?   | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?   | yes |
| <b>115.241</b>     | <b>Screening for risk of victimization and abusiveness</b>  |     |

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| <b>(h)</b>             |  |     |
|                        | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  | yes |
| <b>115.241<br/>(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 resident's detriment by staff or other residents? | yes |
| <b>115.242<br/>(a)</b> | <b>Use of screening information</b>  |     |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?              | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?                  | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?                 | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?            | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?              | yes |
| <b>115.242<br/>(b)</b> | <b>Use of screening information</b>  |     |
|                        | Does the agency make individualized determinations about how to ensure the safety of each resident?  | yes |

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| <b>115.242<br/>(c)</b> | <b>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>115.242<br/>(d)</b> | <b>Use of screening information</b>   |     |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.242<br/>(e)</b> | <b>Use of screening information</b>   |     |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.242<br/>(f)</b> | <b>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>115.251<br/>(a)</b> | <b>Resident reporting</b>   |     |
|                        | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?   | yes |
|                        | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?   | yes |
|                        | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| <b>115.251<br/>(b)</b> | <b>Resident reporting</b>   |     |

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|                        | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  | yes |
|                        | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?   | yes |
|                        | Does that private entity or office allow the resident to remain anonymous upon request?  | yes |
| <b>115.251<br/>(c)</b> | <b>Resident reporting</b>  |     |
|                        | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  | yes |
|                        | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?   | yes |
| <b>115.251<br/>(d)</b> | <b>Resident reporting</b>  |     |
|                        | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  | yes |
| <b>115.252<br/>(a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                        | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| <b>115.252<br/>(b)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                        | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  | yes |
|                        | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve   | yes |

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|                    | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)   |     |
| <b>115.252 (c)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
|                    | 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>115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)                           | yes |
|                    | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.252 (e)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf  | yes |

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|                    | of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)   |     |
|                    | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                    | 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 resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | If the agency disciplines a resident for filing a grievance related to  | yes |

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|                    | alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  |     |
| <b>115.253 (a)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
|                    | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?   | yes |
| <b>115.253 (b)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.253 (c)</b> | <b>Resident 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 residents 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>115.254 (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 a resident?  | yes |
| <b>115.261 (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   | yes |

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|                    | information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | 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>115.261 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.261 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?   | yes |
| <b>115.261 (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 |

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| <b>115.262<br/>(a)</b> | <b>Agency protection duties</b>   |     |
|                        | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  | yes |
| <b>115.263<br/>(a)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                        | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| <b>115.263<br/>(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>115.263<br/>(c)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                        | Does the agency document that it has provided such notification?  | yes |
| <b>115.263<br/>(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>115.264<br/>(a)</b> | <b>Staff first responder duties</b>   |     |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  | yes |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?                       | yes |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,    | yes |

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|                    | 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 a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.264 (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>115.265 (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>115.266 (a)</b> | <b>Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                           | yes |
| <b>115.267 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?   | yes |

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|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?   | yes |
| <b>115.267 (b)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| <b>115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?         | yes |
|                    | 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 resident 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:4. Monitor resident 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 resident program changes?   | yes |

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|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?   | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?   | yes |
| <b>115.267 (d)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?  | yes |
| <b>115.267 (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>115.271 (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 115.221(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 115.221(a). )  | yes |
| <b>115.271 (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 115.234?   | yes |
| <b>115.271 (c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Do investigators gather and preserve direct and circumstantial   | yes |

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|                    | evidence, including any available physical and DNA evidence and any available electronic monitoring data?  |     |
|                    | 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>115.271 (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>115.271 (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 resident or staff?   | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?                                      | yes |
| <b>115.271 (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>115.271 (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>115.271</b>     | <b>Criminal and administrative agency investigations</b>   |     |

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| <b>(h)</b>         |   |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.271 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?   | yes |
| <b>115.271 (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 facility or agency does not provide a basis for terminating an investigation?  | yes |
| <b>115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| <b>115.272 (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>115.273 (a)</b> | <b>Reporting to residents</b>   |     |
|                    | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  | yes |
| <b>115.273 (b)</b> | <b>Reporting to residents</b>   |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency   | yes |

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|                    | request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  |     |
| <b>115.273 (c)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.273 (d)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  | yes |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform  | yes |

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|                    | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  |     |
| <b>115.273 (e)</b> | <b>Reporting to residents</b>   |     |
|                    | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.276 (a)</b> | <b>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>115.276 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.276 (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>115.276 (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>115.277 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |

|                    |  |     |
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|                    | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?   | 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>115.277 (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 residents?                                 | yes |
| <b>115.278 (a)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                    | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| <b>115.278 (b)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                    | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?   | yes |
| <b>115.278 (c)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                    | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  | yes |
| <b>115.278 (d)</b> | <b>Disciplinary sanctions for residents</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 resident to participate in such interventions as a           | yes |

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|                    | condition of access to programming and other benefits?  |     |
| <b>115.278 (e)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  | yes |
| <b>115.278 (f)</b> | <b>Disciplinary sanctions for residents</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>115.278 (g)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)   | yes |
| <b>115.282 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?   | yes |
| <b>115.282 (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 § 115.262?  | yes |
|                    | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.282 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are resident victims of sexual abuse offered timely information   | yes |

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|                    | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?   |     |
| <b>115.282 (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>115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?   | yes |
| <b>115.283 (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>115.283 (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>115.283 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Are resident 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 residents 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>115.283 (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 § 115.283(d), do such victims receive timely and comprehensive  | na  |

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|                    | 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 residents 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>115.283 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.283 (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>115.283 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  | yes |
| <b>115.286 (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>115.286 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.286 (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 |

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| <b>115.286<br/>(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.  | na  |
|                        | 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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| <b>115.286<br/>(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>115.287<br/>(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>115.287<br/>(b)</b> | <b>Data collection</b>   |     |
|                        | Does the agency aggregate the incident-based sexual abuse data at least annually?  | yes |
| <b>115.287<br/>(c)</b> | <b>Data collection</b>   |     |
|                        | Does the incident-based data include, at a minimum, the data   | yes |

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|                    | necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?   |     |
| <b>115.287 (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>115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)  | yes |
| <b>115.287 (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.)  | na  |
| <b>115.288 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?   | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.288 (b)</b> | <b>Data review for corrective action</b>  |     |

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|                    | 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>115.288 (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>115.288 (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>115.289 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.287 are securely retained?   | yes |
| <b>115.289 (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>115.289 (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>115.289 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |

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|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)                        | yes |
| <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.) | 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 residents?  | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  | yes |
| <b>115.403</b>     | <b>Audit contents and findings</b>   |     |

| <b>(f)</b> |   |    |
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|            | 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 |