

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

Interim Final

Date of Interim Audit Report: June 23, 2021

Date of Final Audit Report: August 27, 2021

Auditor Information

Name: Christy Slauson-Vincent

Email: vncntchrsty@gmail.com

Company Name: Click or tap here to enter text.

Mailing Address: 770 County Road 26

City, State, Zip: Roanoke, AL. 36274

Telephone: 706-668-1969

Date of Facility Visit: March 29, 2021

Agency Information

Name of Agency: Garland County Sheriff's Office

Governing Authority or Parent Agency (If Applicable): Garland County Sheriff's Office

Address: 525 Ouachita Avenue

City, State, Zip: Hot Springs, AR. 71901

Mailing Address: 525 Ouachita Avenue

City, State, Zip: Hot Springs, AR. 71901

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.garlandcounty.org

Agency Chief Executive Officer

Name: Sheriff Mike McCormick

Email: mmccormick@garlandcounty.org

Telephone: 501.622.3660

Agency-Wide PREA Coordinator

Name: Steven Elrod

Email: selrod@garlandcounty.org

Telephone: 501.651.7808

PREA Coordinator Reports to:
Sheriff Mike McCormick

Number of Compliance Managers who report to the PREA
Coordinator:
2

Facility Information

Name of Facility: Garland County Adult Detention Center

Physical Address: 3564 Albert Pike Road **City, State, Zip:** Hot Springs, AR. 71901

Mailing Address: 3564 Albert Pike Road **City, State, Zip:** Hot Springs, AR. 71901

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Website with PREA Information: www.garlandcounty.org

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

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

- ACA
- NCCHC
- CALEA
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Internal Audit conducted annually by the Jail Standards Review Committee

Facility Administrator/Superintendent/Director

Name: Steven Elrod

Email: selrod@garlandcounty.org **Telephone:** 501.655.7808

Facility PREA Compliance Manager

Name: Steven Elrod

Email: selrod@garlandcounty.org **Telephone:** 501.655.7808

Facility Health Service Administrator N/A

Name: Briggette Johnson.

Email: bjohnson@turnkeyhealthclinics.com **Telephone:** 501.655.7854

Facility Characteristics

Designated Facility Capacity: 495

Current Population of Facility:	388	
Average daily population for the past 12 months:	358	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-72	
Average length of stay or time under supervision	28 days	
Facility security levels/resident custody levels	Min/Med/Max/Close	
Number of residents admitted to facility during the past 12 months	5310	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2,172	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	236	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	99	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	24	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	20	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	19	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
<p>Number of single resident cells, rooms, or other enclosures:</p>	5
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	5
<p>Number of open bay/dorm housing units:</p>	3
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	49
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) on-site audit for the Garland County Adult Detention Center was conducted on May 17-18, 2021, in Hot Springs, AR. The audit was conducted to determine compliance with the Prison Rape Elimination Act (2003) and its' standards for zero tolerance of sexual abuse in adult correctional and residential facilities. Please refer to the National Prison Rape Elimination Act Resource Center for additional information at www.prearesourcecenter.org. The audit was conducted by Christy Slauson Vincent, United States Department of Justice (DOJ) PREA dual certified juvenile and adult facilities auditor, operating as an independent contractor with no conflict of interest with respect to her ability to conduct an audit of the facility under review.

The audit process consisted of documentation review, staff interviews, resident interviews, and an on-site tour of the Garland County Adult Detention Center. The pre-audit preparation included a thorough review of all documentation and material submitted by the facility along with data included in the completed Bureau of Justice Assistance (BJA) Pre-Audit Questionnaire for Prison and Jail Facilities. The auditor received primary and secondary documentation which consisted of policies and procedures via email for review prior to the on-site phase of the audit process. The documentation reviewed consisted of facility policies, procedures, forms, education materials, training curriculum, organization chart, posters, brochures, resident population reports, memorandums of agreement, signed training rosters, community-based contact information, facility schematic, adult intake records and signed acknowledgments, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were written and submitted to the agency PREA Coordinator and facility PREA Compliance Manager. Answers to the auditor's follow-up questions, along with supporting documentation were submitted by the facility PREA Coordinator and reviewed by the auditor prior to the on-site phase of the audit process. During the first and second review of material, the auditor, PREA Coordinator, and PREA Compliance Manager worked diligently to obtain all material necessary to meet the standards for PREA compliance.

A schematic layout of the facility was provided to the auditor prior to the on-site portion of the audit. The auditor met with the PREA Coordinator and PREA Compliance Manager upon arrival for the on-site portion of the audit. The auditor was allowed access to the facility to conduct the audit. After the initial meeting, the auditor toured the facility accompanied by the PREA Compliance Manager. During the on-site tour of the facility, the auditor reviewed compliance with the PREA standards based upon practice, daily activities, documentation, observation, and interviews with staff and residents. The auditor contact information was

posted throughout the facility prior to the on-site phase of the audit. The PREA Coordinator sent verification of notices posted via email, dated April 4, 2021, and auditor was able to verify posting of notification during the on-site tour. A list of staff and contractors to include assignments and roles was provided to the auditor on the day of the on-site visit. There were 362 adult inmates being held at the Garland County Adult Detention Center on the day of the on-site visit. The auditor interviewed 26 total inmates. The auditor also randomly spoke to (6) six staff during the on-site visit.

Interviews were conducted with the Superintendent, PREA Coordinator, PREA Compliance Manager, human resources, investigator, contracted medical staff, maintenance director, contracted educational teachers and other pertinent personnel and/or agencies. Staff were interviewed using the recommended Department of Justice audit interview protocols for juvenile facilities. This included questioning that was included but not limited to: purpose, meaning, protections provided by the act, how to report (methods available for reporting), when to report, rights, responsibilities, etc. Staff were also questioned concerning their PREA training and overall knowledge of the agency's zero tolerance policy, the response protocols when an inmate alleges abuse, and first responder duties. All staff interviewed could articulate the facility's zero-tolerance policy and First Responder Duties. A total of 10 facility staff and 20 specialized staff were interviewed by the auditor, to include four (4) contractors. The auditor received no inquiries or requests for an interview from the auditor posted contact information.

The auditor made several recommendations during the pre-audit review of documentation. These recommendations included: adding the inmate education video, orientation materials, and an inmate acknowledgment button onto the inmate kiosk; write non-occurrence and non-applicable statements for any standard that applies; change the title of the PREA zero-tolerance policy, create an annual report for the previous years in review and upload it to the agency website; train all staff on transgender and intersex pat search requirements and provide staff signatures proving acknowledgment of such training; provide a signature page of agreement for the MOUs in place (email correspondences were received), add a test for employee training, and provide a completed background checks log for staff and contractors. The listed recommendations were completed and provided to the auditor within the required 45-day interim period.

An exit interview was conducted at the end of the on-site visit by the auditor with the PREA Coordinator and PREA Compliance Manager. The auditor made several maintenance recommendations during the on-site visit. The recommendations included adding globe mirrors in the kitchen area to prevent staff blind spots; cutting a window in the GED testing room door; adding a camera in the inventory storage room; and reconstruct the kitchen inmate bathroom door to provide better safety and security measures. The PREA Compliance Manager addressed these recommendations with the maintenance director while auditor was on-site. Within the 45-day interim period, the PREA Coordinator sent the auditor pictures that these issues were addressed and completed.

The post-audit review consisted of the auditor evaluating all documentation gathered throughout the audit process, reviewing staff and resident interview protocols, and reviewing the BJA Pre-Audit Questionnaire. The auditor used the PREA Audit Compliance Tool for Adult

Facilities and the National PREA Prison and Jails Standards as a guide to determine compliance. Upon review of the investigative files, the auditor saw inconsistencies of several standard requirements; therefore, the auditor determined that Garland County Adult Detention Center needs a 90-day corrective action period. The standards that are under this CAP are 115.41, *Screening for Risk of Victimization and Abusiveness*, 115.67, *Retaliation Monitoring*, and 115.83, *Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers*. The auditor also issued a finding of Exceed Standard for four (4) standards: 115.18, *Upgrades to Facility and Technology*, 115.22, *Specialized Training: Investigations*, 115.71, *Criminal and Administrative Investigations* and 115.82, *Emergency Access to Medical and Mental Health Care*.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility overview:

The Garland County Adult Detention Center supports the mission and vision of the Sheriff's Office in promoting community safety by operating a secure, humane and orderly facility. Opening in 2015, the Garland County Adult Detention Center is a 42-million-dollar project on 57 acres of land. The facility itself covers 168,000 square feet making it the largest Garland County operated building. The facility consists of eight inmate housing units, alternative sentencing unit, health services, inmate programs, courtroom, food service, video visitation, maintenance/housekeeping, and booking department.

GCADC rely heavily on their state-of-the-art camera system to assist in the staff supervision endeavor. The camera system consists of 276 total cameras, eleven (11) camera monitors in the central control room, and a camera monitor located within each housing unit. The cameras are adjustable to light and darkness features which allow them to still record and be viewed in low light conditions. Along with cameras, GCADC has also installed globe mirrors in different areas of the facility to assist staff with blind spots.

Operating Philosophy:

The Garland County Adult Detention Center is designed to operate under a direct supervision philosophy, which focuses on actively managing inmate behavior to sustain a facility that is safe and secure for visitors, staff, and inmates. Staff interact continuously with inmates in the housing units, reinforcing accountability while actively supervising to identify problems in their early stages. By operating under direct supervision, detention staff demonstrates exemplary service through distinction, benevolence, integrity, honor, and professionalism. Enabling the ability to safeguard the community, protect the innocent, keep the peace, and ensure the rights of all.

Accomplishments:

Since occupying the facility in 2015, the Garland County Detention Center has established itself as the elite facility in the State of Arkansas due to professionalism, discipline, and structure. In addition to the many accomplishments taking place daily, through the retention of professional staff, the following are a few recognitions which the facility has received:

- Leading the State in professional Certified Jail Managers who are professionally trained and confirmed qualified in jail management. This certification is granted upon the successful completion of a rigid application and an intensive four-hour examination jointly prepared by the American Jail Association and the Jail Manager Certification Commission.
- Leading the Region in professional Certified Jail Officers. Awarded to line staff and first-line jail supervisors upon the completion of a three-hour examination which tests for competency and mastery of jail operation knowledge and skills at the line and first line supervisory levels.
- Rank 1st nationally amongst other detention centers for the number of certified professionals through the ranks as depicted by the American Jail Association.
- The Garland County Adult and Juvenile Detention Centers are the first and only facilities in the State to be fully compliant with the Department of Justice PREA Standards.
- Accredited through the American Correctional Association. Only 3% of jails nationwide have achieved this endeavor.
- Received national acknowledgments through professional organizations to include the National Institute of Corrections, American Correctional Association, American Jail Association, Law Enforcement Coordinating Committee news and U.S. News and World Report.
- Received 100% compliance each year through the Jail Standards Review Committee Audit since 2015.
- Recognized by the Jail Standards Review Committee as operating the State's leading programs/services department. With the aid of community volunteers, able to retain over 20+ inmate programs that contribute to building a safer community and facility.
- Sustaining a first-rate facility preventative maintenance program, which compared against 1200 other government type facilities ranked above the top 20% in work order completions per year per technician.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 4
List of Standards Exceeded: 115.18, 115.22, 115.71, and 115.82

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor thoroughly reviewed Garland County Adult Detention Center's facility policy toward sexual abuse and sexual harassment, and it specifically outlines the facility's approach to preventing, detecting, and responding to such conduct. Although there was a facility policy that mandates a zero-tolerance against sexual abuse and sexual harassment, the title of the policy only reflected sexual abuse. The auditor recommended the PREA Coordinator request to change the title from *Sexual Assault* to *Sexual Harassment and Sexual Assault*. The auditor received a request from the PREA Coordinator to accept the policy as is for the purpose of complying with the standard due to policy revision delays. After careful review of the policy, the auditor determined that GCADC's PREA policy meets all the standard requirements; therefore, the auditor approved the request made by the PREA Coordinator. It is important to note that GCADC's zero tolerance policy also serves as their institutional plan.

The agency employs an agency PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the Prison Rape Elimination Act standards. He did an excellent job providing the auditor with primary policy and secondary practice documentation to confirm compliance with the standards. The facility PREA Compliance Manager is an experienced staff member and reports directly to the agency PREA Coordinator as reflected in the agency organizational chart. The agency and facility have an easy-to-understand organizational chart and the auditor was provided a copy during the pre-audit phase of the audit. Both the agency PREA Coordinator and facility PREA Compliance Manager represented GCADC in a professional and competent manner during the audit process.

The auditor has placed GCADC in a 90-day corrective action period and has worked alongside with the PREA Coordinator to facilitate all necessary plan of action in moving forward with meeting compliance of these three (3) standards.

Interviews with staff during the on-site phase of the audit indicated their understanding of GCADC's zero tolerance policy and institutional plan toward sexual abuse and sexual harassment.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Process Indicators: Agency PREA Coordinator Designation

Facility Compliance Manager Designation

1.1.8 Agency Organizational Chart

Staff Interviews

Standard 115.12: Contracting with other entities for the confinement of residents

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center does not contract with other agencies to house their adult population.

The following information was utilized to verify compliance with the above listed standard:

Process Indicators: Memo of Non-Applicability

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor interviewed the agency PREA Coordinator and facility PREA Compliance Manager who both confirmed that the Garland County Adult Detention Center's staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In circumstances where the staffing plan is not complied with, the agency shall document and justify all deviations from the plan. The policy ensures a post is filled when a deviation from the staffing plan is necessary and notated in the deviation log. The facility takes the following into consideration when developing or reviewing their staffing plan:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy;
- 3) Any findings of inadequacy from Federal investigative agencies;
- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the institution's/facility's/center's physical plant (including "blind-spots" or areas where staff or residents may be isolated);
- 6) The composition of the inmate population;
- 7) The number and placement of supervisory staff;
- 8) Institution programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 11) Any other relevant factors.

Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed for the following:

- 1) The staffing plan established pursuant to the standard;
- 2) Prevailing staffing patterns;
- 3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- 4) The resources the facility has available to commit to ensure adequate staffing levels.

The auditor required the PREA Coordinator to revise the annual staffing plan review form to meet the requirement of the above referenced standard requirements and to provide the auditor a revised copy of the 2020 and 2021 annual staffing plan review. The auditor received the required documents within the 45-day interim period.

The auditor was able to confirm that unannounced rounds by upper-level management are being conducted on various shifts and are being documented. GCADC did deviate from the written staffing plan and documented such deviations and justification plans for each. The video monitoring system is a state-of-the-art monitoring system with no visible blind spots.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Staffing Plan: 1.3.7 Staffing Assignment Plan

Facility Policy and Procedures: 1.2.1 Staffing Budget

Facility Policy and Procedures: 3.1.5 Security Inspections

Facility Policy and Procedures: 3.1.1 Central Control

Process Indicators: Deviation Logs and Justification Plans

Staff Duty Rosters (multiple shifts)

Unannounced Rounds Log

Staff Shift Roster (multiple shifts)

Video Monitoring System Deployment and Technologies

Population Report from 2020

Blueprint Schematic of Facility

Annual Review of Staffing Assessment

Staff Interviews

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Garland County Adult Detention Center does not house juveniles under the age of eighteen (18) for any reason.

The following information was utilized to verify compliance with the above listed standard:

Process Indicators: Memo of Non-Applicability

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There is no cross-gender strip or pat searches of inmates by staff; however, GCADC does offer transgender and intersex inmates the option of selecting which gender staff they prefer to search them. GCADC has a transgender and intersex search form available for these type situations. Garland County Adult Detention Center's facility policy prohibits staff from conducting cross-gender searches or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The auditor confirmed that staff had been trained on searches during the pre-audit documentation review.

The auditor could not confirm during the pre-audit documentation review that all staff had taken a training course on transgender and intersex pat and strip searches. The auditor required the PREA Coordinator and PREA Compliance manager to partner together to conduct

an emergency staff training of this inmate population search. The emergency training consisted of a management memo to all staff and a video to be presented. The auditor gave a copy of the PREA Resource Center video titled, *Guidance on Cross-Gender and Transgender Pat Searches* to the PREA Compliance Manager. The auditor required that she receive written signatures from all front-line staff acknowledging that they have received and understand the search procedures for transgender and intersex inmates. The auditor did receive this written documentation within the 45-day interim period.

During the on-site tour of the facility, the auditor saw several posted reminders to staff, informing them to make their gender announcements before entering the dorms of the opposite gender. The auditor also heard staff announce the presence of the female auditor upon her entering the male housing units. During the inmate interviews, this practice was confirmed.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.1.11 Searches and Control of Contraband

Process Indicators: Memo of Non-Occurrence

Staff Training Records

“Search of a Person” Training Curriculum

Emergency Management Training Memo/Staff Signatures

Transgender and Intersex Pat/Strip search Form

Visual Observation: Cross-Gender Announcement posted on each doorway entrance to sleeping quarters

Staff Interviews

Inmate Interviews

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GCJDC uses Google Translate services when the interpretation needs are required for LEP inmates. GCADC also has the inmate education video in Spanish as well as all other inmate orientation materials. Staff have been trained on the procedures involving the use of Google Translate and when it is necessary to be used. Staff have also been trained to understand that use of inmate interpreters is not permitted unless it is an exigent circumstance.

During the on-site tour of the facility, the auditor noticed English and Spanish posters and flyers on the walls. The size and position of the posters and flyers were in good reading proportion. The auditor required that the PREA Coordinator to create a form of a lower functioning standard such as drawings or big print to use in instances of inmates who may be mentally challenged. The auditor provided the PREA Coordinator an example of this type of material being requested. The PREA Coordinator created a flyer with drawings to explain how

to report and to whom. This material was produced in both English and Spanish versions within the 45-day interim period.

Although the Garland County Adult Detention Center offers the video in closed Caption for the deaf and loud volume for the blind as well as having the video uploaded to the inmate unit kiosk systems, the auditor could not find any written Braille documentation for blind inmates. The auditor requested that the PREA Coordinator consider translating at least the reporting methods in Braille for any blind inmate that they may receive. The PREA Coordinator agreed and is in process of having such document translated into Braille. The auditor is requiring this document prior to the end of the CAP in August.

The inmate unit kiosk systems do have language choices for LEP inmates and provides closed captioning for deaf inmates. The video does play with volume controls as well. The auditor verified the operation of the inmate kiosk system during the on-site audit visit. Other interpretative services available include a TTY machine, a MOU between GCADC and Language Line Solutions, and a MOU between GCADC and Securus Inmate Phone Provider.

The auditor interviewed a LEP inmate during the on-site audit visit. The auditor used Google Translate as the method of interpretation for this inmate during the interview. The questions were clear to the inmate as well as the answers to the auditor.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.3.8 Interpretative Services

Process Indicators: MOU – Securus Inmate Phone Provider

MOU – Language Line Solutions

Lower Functioning Materials

Translated Resident Education Materials

Posters, Flyers, and Handbook in English and Spanish

Braille Reporting Document

Staff Training Records

Staff Interviews

Inmate Interviews

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

- Before hiring new employees, who may have contact with inmates, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.317 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor interviewed the Garland County Sheriff's Office Human Resources Director who confirmed that all new staff have criminal backgrounds checks conducted to include Arkansas Child Maltreatment Central Registry Reports. The Human Resources Director explained that all employees are subject to mandatory reporting of any arrests or charges filed while employed at Garland County Adult Detention Center. This mandate is found in the employee handbook, in the hiring requirements policy, and in the zero-tolerance policy. A process is in place for criminal background checks every five years for current employees and contractors who may have contact with inmates. The GCADC mandates that all new staff and contractors complete a pre-employment polygraph questionnaire as part of the hiring process. The auditor received a memo from the HR Director and PREA Coordinator that confirms all assigned staff and contractors had a background check upon their original hire date and lists all current staff and contractors, and their original hire date. The auditor also received a five (5) year background check for 24 new hire staff and contractors during this audit period.

The GCADC does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described. The agency and facility consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The facility policy states that GCADC will not enter into a bargaining agreement with any employee that has engaged in custodial sexual misconduct.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures:3.1.26 Sexual Assault

Facility Policy and Procedures: 1.3.6 Staff Selections

Facility Policy and Procedures: 1.3.13 Staff Discipline

Process Indicators: Hire Date Background Checks Memo from HR/PREA Coordinator

5-Year Background & Child Abuse and Neglect Registry Checks

Pre-Employment Application

Hiring Score Sheet

Authorization of Release Form

Employment Reference Form

Blank Copy of Pre-employment Polygraph Questionnaire

Staff Interviews

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor was impressed with the state-of-the-art camera system at Garland County Adult Detention Center. The GCADC has a total of 276 cameras, eleven (11) camera monitors in the main central control room, and one (1) camera monitor in each housing unit. The system was upgraded in 2019. The cameras are adjustable to light conditions; ability to continue recording and be viewed during very low light conditions.

The Garland County Adult Detention Center also incorporates the use of globe mirrors in those places that may pose as a blind spot issue for front-line staff. During the on-site facility tour, the auditor recommended that GCADC add several globe mirrors to the kitchen area to prevent several blind spots. The Maintenance Director agreed to have these up within a week. The auditor received confirmation of the added mirrors within that specified time period. The auditor also viewed the educational classrooms and recommended that a window be cut into the door of the G.E.D. room. This is because the door was closed when an inmate was in there testing, and according to the educational staff, there were times that the staff would be in the room with the inmate. The auditor considered this a high-risk factor. The PREA Compliance Manager spoke with the Maintenance Director who agreed to install the window. The auditor received an email picture confirming that the window was cut into the G.E.D. testing room door.

The auditor's determination is that GCADC exceeds the standard for the relevant review period. The auditor's justification for exceeding the standard is based on the size and amount of facility cameras and monitoring systems, for this size facility. The use of globe mirrors was a bonus to the cameras and monitors. GCADC has shown commitment for inmate sexual safety by adding a video monitoring system and installing upgrades.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 2.2.3 Space Requirements

Process Indicators: Blueprint Schematic of Facility

Video Monitoring System Deployment and Technologies

Visual Observation

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Sheriff's Office conducts its own investigations. Investigations are conducted by agency-wide investigators for all administrative and criminal incidents. Garland County Adult Detention Center has 20 investigators assigned to handle all sexual abuse and sexual harassment incidents. All investigators have had the investigator specialized training required per PREA standard 115.34. The auditor interviewed the Investigator Director, the PREA Compliance Manager, and the PREA Coordinator; it was confirmed that there have been no criminal sexual abuse incidents during this audit period.

All immediate medical and mental health needs of inmates are met through a MOU with TurnKey Health Services, an on-site contractor. All forensic exams are completed at the University of Arkansas for Medical Sciences at no cost to the inmates. GCADC has a MOU on file with the UAMS to meet the SANE needs of the inmates. The GCADC has a MOU on file with Women and Children First to meet the ongoing advocacy needs for the inmates. This service is set-up through a hotline operated by the Woman and Children First agency. The immediate needs of advocacy are met through another MOU with the Ouachita Behavioral Health Center. The auditor interviewed a representative at both advocacy centers. The representatives confirmed that there have not been any inmates brought to the center within this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

General Order 103: Internal Affairs Investigations

Agency Policy and Procedures: 9.1.1 Criminal Investigations

Agency Policy and Procedure: 3.1.19 Crime Scene Investigation

National Evidence Protocol

Process Indicators: Memo of Non-Occurrence

Referral to Medical Services Form

TurnKey Response to Sexual Abuse Form

MOU: UAMS

MOU: Turnkey Health Services

MOU: Ouachita Behavioral Health Center

MOU: Woman and Children First

Investigator Training Records

Staff Interviews

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Garland County Adult Detention Center conducts its own investigations. Investigations are conducted by agency-wide investigators for all administrative and criminal incidents. Garland County Adult Detention Center has 20 investigators assigned to handle all sexual abuse and sexual harassment incident. Each rotation shift has two (2) assigned available investigators. GCADC also has an Investigator Director to oversee all the assigned investigators, and to review all completed investigations. All investigators have had the investigator specialized training required per PREA standard 115.34.

The auditor interviewed the Detention Expediter/Investigator, the PREA Compliance Manager, and the PREA Coordinator; it was confirmed that there have been no criminal sexual abuse incidents during this audit period. The auditor reviewed seven (7) administrative investigation files from this audit period and each investigation file showed a thorough and complete investigation per standard 115.71.

The GCADC Detention Expediter/Investigator takes the lead on all criminal investigations. She acts as the facility Case Manager/Expeditor, monitoring inmate case files and coordinating efforts to expedite cases, preventing stagnant inmate cases. As the lead investigator, she investigates criminal actions that are reported in the Adult/Juvenile Detention Center. She interviews and/or interrogates witnesses, suspects, victims, and others, to obtain information relevant to the investigation. The Detention Expeditor/Investigator completes all investigative reports accurately and in a timely fashion for the prosecuting Attorney's Office.

Because Garland County Adult Detention Center has 20 assigned investigators, two (2) assigned to each rotating shift, and a lead investigator that oversees the criminal investigations and processes, the auditor can justify that number far exceeds the typical amount for a facility of this size. The auditor has determined that GCADC has exceeded this standard. GCADC does have a link on their county website to report criminal activity and to request an investigation using the third-party reporting form.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures:3.1.26 Sexual Assault

General Order 103: Internal Affairs Investigations

Agency Policy and Procedures: 9.1.1 Criminal Investigations

Agency Policy and Procedure: 3.1.19 Crime Scene Investigation

Process Indicators: Memo of Non-Occurrence

Third Party Reporting Form

Investigation Files

Investigator Training Records

Staff Interviews

Website Publication

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed GCADC staff training records and conducted staff interviews. Both revealed staff has received and continues to receive PREA training. The PREA Compliance Manager stated during the interview that staff training occurs for all new hires and then once a year. Staff members understand the procedures as a first responder per requirements of

PREA Standard 115.64, and they understand the zero-tolerance policy regarding PREA. New hire staff are given a laminated First Responder Card and require it to be carried while on duty. The auditor shared a copy and recommended to begin using a pamphlet titled, "*What Staff Should Know about Sexual Misconduct with Inmates*," with every new hire staff orientation. The PREA Compliance Manager accepted the recommendation and will begin using the new pamphlet as an addition to the new hire staff training materials. The auditor also recommended that the PREA Compliance Manager begin using a test at the end of his training courses to help gauge the staff's understanding of the material presented. The auditor presented a test to be reviewed and translated over to GCADC's training curriculum requirements. The PREA Compliance Manager was excited about this new tool and agreed to begin using it immediately as part of his training courses. This tool will be used to modify the staff training in ways that highlights problem areas identified on the self-assessment tests. The auditor did receive three (3) copies of staff/contractor receipt of testing within the CAP period of this audit.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures:3.1.26 Sexual Assault

Facility Policy and Procedures: 1.4.1 Training and Staff Development

Process Indicators: Staff Training Records

Training Curriculum

Facility Training Schedule

Staff Pamphlet

Staff PREA Test/Results

Staff First Responder Card

Staff Interviews

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed GCADC staff training records and conducted staff interviews. Both revealed contractors have received and continues to receive PREA training. The PREA Compliance Manager stated during the interview that contractor training occurs for all new hires and then once a year. The auditor interviewed four (4) facility contract staff and all understand the procedures as a first responder per requirements of PREA Standard 115.64, and they understand the zero-tolerance policy regarding PREA. New hire contractors are given a laminated First Responder Card and require it to be carried while on duty. The auditor shared a copy and recommended to begin using a pamphlet titled, "What Staff Should Know about Sexual Misconduct with Inmates," with every new hire contractor orientation. The PREA Compliance Manager accepted the recommendation and will begin using the new pamphlet as an addition to the new hire contractor training materials. The auditor also recommended that the PREA Compliance Manager begin using a test at the end of his training courses to help gauge the contractor's understanding of the material presented. The auditor presented a test to be reviewed and translated over to GCADC's training curriculum requirements. The PREA Compliance Manager was excited about this new tool and agreed to begin using it immediately as part of his training courses. This tool will be used to modify the contractor training in ways that highlights problem areas identified on the self-assessment tests. The auditor did receive three (3) copies of staff/contractor receipt of testing within the CAP period of this audit.

Due to COVID-19 protocol, there were no volunteers that entered GCADC during this audit period. The auditor did receive a memo of non-occurrence for volunteer training.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures:3.1.26 Sexual Assault

Facility Policy and Procedures: 1.4.1 Training and Staff Development

Process Indicators: Memo of Non-Occurrence

Staff Training Records

Training Curriculum

Facility Training Schedule

Staff Pamphlet

Staff PREA Test/Results

Staff First Responder Card

Staff Interviews

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide age-appropriate comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The inmates at Garland County Adult Detention Center receive PREA Education and Orientation upon entering the facility, which is within the ten (10) day and 30-day requirements. The inmates receive a copy of the inmate handbook via the kiosk system. The inmates can watch a video regarding their right to be free from sexual abuse and sexual harassment during their booking process. There are two (2) televisions running the videos in the booking area. The inmate education video is also available to the inmates via the kiosk system. After the education and orientation materials are given to the inmate, the inmate signs an acknowledgment form that they have received and understand PREA at GCADC. The staff have an inmate education/orientation checklist that provides them an avenue to ensure that all required PREA materials are given to each inmate.

During the tour of the facility, the auditor noticed that the PREA information posted covered how to report, provided addresses for third party reporting, listed three hotline numbers, and detailed steps to take during an incident. The auditor did make a recommendation that GCADC consider adding an acknowledgment button to the kiosk screen that would require the inmates to view the PREA materials and click the acknowledgment button before they could access any other part of the kiosk system. The PREA Coordinator liked the idea and agreed to complete this as part of the inmate education and orientation process. This project was completed during the 45-day interim period.

The auditor interviewed 26 inmates while on-site at GCADC and all stated that they were given PREA education material upon intake. The PREA Coordinator did provide the auditor with the twelve (12) male and twelve (12) female inmate intake records from this audit year, which included the education and orientation materials and acknowledgement forms, signed by each inmate.

The education and orientation materials are available in different reading and listening formats to meet the needs of inmates who may have learning disabilities, who are deaf, and who are Limited English Proficient. When the auditor was reviewing the pre-audit documentation, there were no education or orientation materials translated into braille. The auditor required the PREA Coordinator to translate the reporting methods into braille. This was completed within the 45-day interim period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.5.1 Booking and Orientation

Facility Policy and Procedures: 3.3.8 Interpretation Services

Process Indicators: Inmate Receipt of PREA Acknowledgments

Inmate Handbook in English and Spanish

Inmate Education and Orientation Checklist

Braille Reporting Pamphlet

PREA Video in English, Spanish, and Closed Caption

Posters and Visual Aids

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center conducts its own investigations. Investigations are conducted by agency-wide investigators for all administrative and criminal incidents. Garland County Adult Detention Center has 20 investigators and one (1) lead Expeditor/Investigator assigned to handle all inmate sexual abuse and sexual harassment incidents. All agency investigators have had the specialized investigator training required. The PREA Coordinator sent the auditor all investigator training documents. GCADC require the investigators to attend the annual staff training as well. The auditor interviewed two (2) investigators and they confirmed their knowledge and understanding of the investigator training and requirements thereof.

The auditor confirmed with the PREA Coordinator and the Expeditor/Investigator that there have been no reports of criminal sexual incidents during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures:3.1.26 Sexual Assault

Facility Policy and Procedures: 1.4.1 Training and Staff Development

General Order 103: Internal Affairs Investigations

Agency Policy and Procedures: 9.1.1 Criminal Investigations

Agency Policy and Procedure: 3.1.19 Crime Scene Investigation

Process Indicators: Memo of Non-Occurrence

Training Curriculum

Annual Training Schedule

Investigator Training Records

Staff Interviews

Standard 115.335: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations

or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GCADC utilizes contract medical and mental health staff for the immediate medical and mental health care needs for the inmates. The auditor interviewed the two (2) contracted

medical staff at Garland County Jail during the on-site phase of the audit and the medical staff confirmed they had taken and understood the requirements of specialized training for PREA per requirement of this standard. GCADC requires that all medical and mental health staff attend the annual staff training as well. The auditor did receive the training confirmation signature sheets.

Due to COVID-19 protocols, there were no volunteers allowed to enter the GCADC during this audit period; therefore, there were no volunteer training records to view. The auditor received a written memo from the PREA Coordinator confirming the COVID-19 visitation and volunteer restriction protocols for this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 1.4.1 Training and Staff Development

Facility Policy and Procedures: 4.2.1 Health Services

Process Indicators: Memo of Non-Occurrence

Training Curriculum

Contractor Training Records

Annual Training Schedule

MOU: TurnKey Health Services

Staff Interviews

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Coordinator provided the auditor with the twelve (12) male and twelve (12) inmate intake records from this audit year, which included the risk assessment screening tool and health care packets for each of the inmates. The auditor also reviewed intake file records of three (3) female victims, two (2) male victims, one (1) male abuser, and four (4) LGBTI inmates. Garland County Adult Detention Center uses an objective screening tool that captures what the PREA standard requires. During the on-site tour of facility, the auditor asked that the PREA Compliance Manager walk the auditor through a mock exercise of the intake process to include the risk assessment screening tool. There are specific procedures in place that help achieve the overall effectiveness of the screening tool to include confidentiality barriers during the screening process. The inmate risk screening is inputted electronically into the inmate file system.

The auditor interviewed the PREA Compliance Manager, the Classification Supervisor, the front-line correctional staff, and front-line medical staff who are all responsible for the administration of the screening tool and health screening form. It was determined during interviews that personnel were clear on how to administer the tools and the purpose of each. During the pre-audit documentation review, the auditor noticed that those inmate files reviewed who were specialized, had been referred to medical and mental health within the required fourteen (14) days per standard 115.81. The Classification Supervisor explained during her interview that once a referral has been submitted, she meets with the inmate of such referral. She stated that if there is an immediate need to refer the victim or abuser to outside mental health, she will coordinate that decision with the mental health personnel of TurnKey Health Services.

The auditor interviewed 26 inmates during the on-site visit, and all stated that each had a risk assessment completed during their intake booking. Each described the procedure and location of the assessment. The auditor is satisfied that standard provisions 115.41(a, b) are being met by GCADC.

During the on-site portion of the audit, the auditor wanted to take a closer look at the risk assessment screenings, in particular, the required 30-day risk reassessments from time of intake and the required risk reassessments for inmates who have been involved in any sexual incident. All inmate files reviewed showed that the 30-day risk reassessments had been conducted and documented by use of the original risk assessment screening tool. The auditor recommended using a different risk assessment screening tool for the risk reassessments. The auditor provided the PREA Coordinator a copy of an objective risk reassessment screening tool. The PREA Coordinator sent the auditor the revised risk reassessment screening tool that will be utilized in moving forward. The auditor received the document within the 45-day interim period.

There were seven (7) sexual incidents that were reported and investigated during this audit period. The auditor reviewed these seven (7) sexual incidents; there were no inmate risk reassessments conducted as result of the sexual incidents. The auditor has determined that GCADC should be placed in corrective action period for at least 90 days based on the absence of standard provision 115.41(g).

CAP Follow-Up:

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.6.1 Classification

Facility Policy and Procedures: 1.5.3 Information Management Systems

Facility Policy and Procedures: 4.2.5 Health Appraisals

Process Indicators: Completed 30-day Risk Reassessment Screenings

Risk Assessment Screening Tool

Revised Risk Reassessment Screening Tool

PREA Case Checklist

Completed Mental Health Referrals

Completed Risk Assessments

Completed Sexual Incident Risk Reassessments

Inmate Interviews

Staff Interviews

The auditor has determined based on the evaluation of documentation sent during CAP, that GCADC now meets this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on policy and practice, inmates are not housed separately based solely on their LGBTI status at GCADC. The inmates' own view of their vulnerability is taken into consideration when choosing programming and housing. GCADC also considers the safety and security of the facility management system when making such decisions.

The PREA Coordinator provided the auditor with twelve (12) male and twelve (12) inmate intake records from this audit year, which included the risk assessment screening tool and health care packets for each of the inmates. The auditor reviewed intake file records of three (3) female victims, two (2) male victims, one (1) male abuser, and four (4) LGBTI inmates. The auditor discovered one (1) Transgender inmate from the four (4) LGBTI inmate files and took notice that two (2) six-month risk reassessments had been completed within the past audit year. The auditor was able to interview two (2) of the four (4) LGBTI inmates and each confirmed that they had not been separated from other inmates based solely on their sexual orientation.

The auditor interviewed staff who monitors any inmates placed in special housing and it was clear that staff understood the importance of housing victims and abusers separately. It was also understood through staff interviews that LGBTI are not housed separately because of their sexual orientation. The Classification Supervisor was interviewed concerning special housing for victims, abusers, and LGBTI. It was confirmed that the only time that special housing is utilized is based upon the necessity to keep the inmate victim safe from an alleged abuser.

The Garland County Adult Detention Center has a policy that details inmate showers which includes standard provision 115.42(f).

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.6.1 Classification

Facility Policy and Procedures: 1.5.3 Information Management Systems

Facility Policy and Procedures: 4.3.2 Inmate Showers

Process Indicators: Completed 30-day Risk Reassessment Screenings

Risk Assessment Screening Tool

Revised Risk Reassessment Screening Tool

Mental Health Referrals

Completed Risk Assessments

Completed Transgender Inmate Risk Reassessment Screening Tool

Completed Sexual Incident Risk Reassessments

Inmate Housing Roster

Inmate Interviews

Staff Interviews

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Garland County Adult Detention Center does utilize their protective custody unit for the housing of those inmates who may be in fear of their life and who GCADC has no other alternative method of housing. This is defined and detailed within the zero-tolerance policy.

If an inmate voluntarily requests the PC unit, GCADC requires the inmate to sign a statement form that specifies the inmate's decision to be housed in the PC unit. If the inmate needs being housed in the PC unit but refuses, GCADC requires the inmate to sign a refusal statement form.

The auditor reviewed seven (7) sexual incident investigation files and reviewed two (2) PC housing documents from them. Both male inmate victims had signed their statement form to voluntarily choose the PC unit as their immediate housing. Their housing had been reviewed for further housing alternatives within the allotted 30-day window allowed per this standard provision. It was confirmed through documentation and staff interviews that inmates who are housed in PC, are allowed the same opportunities for programming, work opportunities, and exercise as the general population inmates. All PC forms and been completed and given to the auditor for review.

There were no inmates being housed in the PC unit for PREA purposes during the on-site visit.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.6.1 Classification

Facility Policy and Procedures: 3.4.1 Special Management Units

Process Indicators: Refusal for PC Housing

Requests for PC Housing

Weekly Review of Inmates Housed in PC Housing

Staff Interviews

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GCADC follows PREA protocol regarding providing inmates multiple ways to report sexual abuse and sexual harassment. During the on-site tour of the audit, the auditor observed posters and flyers on the walls informing the inmates on the multiple ways to report to include reporting to a staff member, calling the outside agency hotline, writing a letter to the outside confidential services, writing the PREA Compliance Manager, and access to grievance forms via the inmate kiosk system. During the on-site visit, the auditor asked a female inmate to access the kiosk system and to find all the PREA reporting methods.

The auditor interviewed 26 inmates while on-site at GCADC and all inmates were able to confirm their knowledge on how to report if needed. There was one (1) LEP inmate who reported to the auditor that there were no Spanish posters up on the walls of his dorm. The auditor reported this to the PREA Compliance Manager after the interview ended. There were Spanish posters placed in the dorms prior to the auditor exiting at the end of the day.

The agency offers a third-party link to a third-party reporting form on their agency website and on the public lobby kiosk system. The auditor received a flyer titled *Women and Children First* which provides the inmates access to outside confidential support services. GCADC does have an active MOU with Women and Children First for this hotline service. The Garland County Adult Detention Center also has a civil immigration reporting form listed on their agency website, titled *And Justice for All*. This form has numerous ways to report via access through phone numbers and written communication. GCADC offers a link on their agency website that is directed straight to the investigation unit. It is supported by the Arkansas State Police.

The auditor recommended that the PREA Coordinator consider utilizing a staff information pamphlet as part of staff orientation training. The auditor shared a copy of a pamphlet titled, “*What Staff Should Know about Sexual Misconduct with Inmates.*” The PREA Compliance Manager accepted the recommendation and will begin using the new pamphlet as an addition to the new hire staff training materials. This pamphlet provides the staff detailed methods on how to report on behalf of themselves and inmates. Both inmates and staff can report anonymously.

The auditor could not find any written Braille documentation for blind inmates. The auditor requested that the PREA Coordinator consider translating at least the reporting methods in Braille for any blind inmate that they may receive. The PREA Coordinator agreed and is in process of having such document translated into Braille. The auditor is requiring this document prior to the end of the CAP in August.

The auditor has determined that GCADC has exceeded this standard due to the multiple ways to report as well as the multiple ways to access these reporting methods.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.3.3 Inmate Grievances

Process Indicators: Memo of Non-Occurrence

Staff Pamphlet

Inmate Handbook in English and Spanish

Braille Reporting Document

Posters and Visual Aids

Third Party Reporting Form

Agency Website Publication/ASP Crime Information Hotline

Memorandum of Understanding – Women and Children First

Inmate Interviews

Staff Interviews

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Garland County Adult Detention Center does have administrative procedures for handling inmate grievances regarding sexual incidents. Inmates may fill out the grievance on the inmate kiosk system. These requests go to an email linked to the PREA Compliance Manager. The PREA Compliance Manager reviews the grievances and investigates the complaints. Once an outcome has been determined, the PREA Compliance Manager issues the inmate the findings via the grievance findings form. The auditor reviewed several grievance complaints. The auditor found all paperwork to be in order per requirement of this standard.

Interviews with the inmates confirmed that they understand their right to report using the GCADC grievance procedures. The auditor also asked a female inmate during the onsite visit to go to the inmate kiosk system and show the auditor how the inmate would navigate to the

grievance report form. The inmate had no issues finding the grievance report page and explaining to the auditor how the grievance procedure works.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.3.3 Inmate Grievance

Process Indicators: Grievance Form

Grievance Findings Form

Inmate Handbook

Posters and Visual Aids

Completed Grievance Report Forms

Completed Grievance Findings Forms

Inmate Interviews

Staff Interviews

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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GCADC follows PREA protocol regarding providing inmates multiple ways to report sexual abuse and sexual harassment. During the on-site tour of the audit, the auditor observed posters and flyers on the walls informing the inmates on the multiple ways to report to include reporting to a staff member, calling the outside agency hotline, writing a letter to the outside confidential services, writing the PREA Compliance Manager, and access to grievance forms via the inmate kiosk system. During the on-site visit, the auditor asked a female inmate to access the kiosk system and to find all the PREA reporting methods. The auditor received a flyer titled *Women and Children First* which provides the inmates access to outside confidential support services via a hotline service and a mailing address. GCADC does have an active MOU with Women and Children First for this hotline service.

The auditor could not find any written Braille documentation for blind inmates. The auditor requested that the PREA Coordinator consider translating at least the reporting

methods in Braille for any blind inmate that they may receive. The PREA Coordinator agreed and is in process of having such document translated into Braille. The auditor is requiring this document prior to the end of the CAP in August.

The auditor interviewed 26 inmates during the onsite visit. All 26 inmates reported to the auditor that they had received this information upon their intake booking process. All but two (2) inmates could tell the auditor how to report to outside confidential support services.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Agency Policy and Procedures: 3.1.26 Sexual Assault

Process Indicators: Posters and Visual Aids

Memorandum of Understanding: Women and Children First

Inmate Interviews

Staff Interviews

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

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GCADC follows PREA protocol regarding providing inmates multiple ways to report sexual abuse and sexual harassment. During the on-site tour of the audit, the auditor observed posters and flyers on the walls informing the inmates on the multiple ways to report to include reporting to a staff member, calling the outside agency hotline, writing a letter to the outside confidential services, writing the PREA Compliance Manager, and access to grievance forms via the inmate kiosk system. During the on-site visit, the auditor asked a female inmate to access the kiosk system and to find all the PREA reporting methods.

The auditor interviewed 26 inmates while on-site at GCADC and all residents were able to confirm of their knowledge on how to report if needed. GCADC does have a third-party reporting form on their agency website as well as on the public lobby kiosk system. GCADC offers a link on their agency website that is directed straight to the investigation unit. It is supported by the Arkansas State Police.

The auditor could not find any written Braille documentation for blind inmates. The auditor requested that the PREA Coordinator consider translating at least the reporting methods in Braille for any blind inmate that they may receive. The PREA Coordinator agreed and is in process of having such document translated into Braille. The auditor is requiring this document prior to the end of the CAP in August.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Process Indicators: Memo of Non-Occurrence

Posters and Visual Aids

Agency Website Publication

Inmate Interviews

Staff Interviews

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Garland County Adult Detention Center facility policy outlines staff First Responder duties and their responsibility to report any sexual incidents. Interviews with staff indicated their knowledge of this responsibility. Staff are required to immediately report any allegations of sexual abuse, suspicion of or information they receive to the appropriate authorities. Staff is trained on how to report and to whom. The auditor shared a copy and recommended to begin using a pamphlet titled, "*What Staff Should Know about Sexual Misconduct with Inmates,*" with every new hire staff orientation. The PREA Compliance Manager accepted the recommendation and will begin using the new pamphlet as an addition to the new hire staff training materials.

The facility also has a medical and mental health consent form that the inmate signs in such cases that the inmate is reporting a sexual incident that did not occur in a confinement setting. These consent forms are part of the confidentiality reporting procedures for an inmate under state care.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Process Indicators: Investigation Files

Incident Reports

First Responder Duties Card

Medical and Mental Health Consent Form

Staff Interviews

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Garland County Adult Detention Center does utilize their protective custody unit for the housing of those inmates who may be in fear of their life and who GCADC has no other alternative method of housing. This is defined and detailed within the zero-tolerance policy.

If an inmate voluntarily requests the PC unit, GCADC requires the inmate to sign a statement form that specifies the inmate's decision to be housed in the PC unit. If the inmate needs being housed in the PC unit but refuses, GCADC requires the inmate to sign a refusal statement form.

The auditor reviewed seven (7) sexual incident investigation files and reviewed two (2) PC housing documents from them. Both male inmate victims had signed their statement form to voluntarily choose the PC unit as their immediate housing. Their housing had been reviewed for further housing alternatives within the allotted 30-day window allowed per this standard provision. It was confirmed through documentation and staff interviews that inmates who are housed in PC, are allowed the same opportunities for programming, work opportunities, and

exercise as the general population inmates. All PC forms and been completed and given to the auditor for review.

There were no inmates being housed in the PC unit for PREA purposes during the on-site visit.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.6.1 Classification

Facility Policy and Procedures: 3.4.1 Special Management Units

Process Indicators: Refusal for PC Housing

Requests for PC Housing

Weekly Review of Inmates Housed in PC Housing

Staff Interviews

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center facility policy requires the head of the receiving facility to notify the head of losing facility upon learning of abuse alleged by a resident within 72 hours. Interviews with the PREA Compliance Manager advised the other agency would be notified immediately. Interviews with staff confirmed their knowledge of this reporting method.

There were two (2) reports of inmates from other confinement facilities reporting to GCADC during this audit period. Although GCADC followed procedure for this standard by writing a letter to the losing facilities, the auditor recommended the PREA Coordinator decide to use a documented format for the reporting of such incidents. The auditor sent the PREA Coordinator an example. The PREA Coordinator revised the document and stated that GCADC would use the revised reporting method in moving forward.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Agency Policy and Procedures: 3.1.26 Sexual Assault

Process Indicators: Reporting to Other Confinement Facilities Reports

Reporting to Other Confinement Facilities Form

First Responder Duties Card

Staff Interviews

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center facility policy outlines staff first responder duties and their responsibility to report any sexual incident. Interviews with staff indicated their

knowledge of this responsibility. Staff are required to immediately report any allegations of sexual abuse, suspicion of or information they receive to the appropriate authorities. Staff are trained on how to report and to whom. The training curriculum specifically pinpoints the first responder duties.

Interviews with staff indicated that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall:

- 1) separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 2) if the abuse occurred within a time period that still allows for the collection of physical evidence,
- 3) request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
- 4) if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions identical to the actions of the victim.

Upon review of the seven (7) sexual investigation files, the auditor saw a tracking checklist that shows each step that a first responder should complete. The PREA Compliance Manager is responsible for ensuring that every item on the checklist is followed.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Process Indicators: First Responder Duties Card

First Responder Checklist

Staff Training Signatures

Staff Training Curriculum

Staff Interviews

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center's written Coordinated Response addresses actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, hospital responsibility, advocacy intervention and facility leadership. Every control room workstation at GCADC has a copy of the Coordinated Response Plan made readily available to staff. Staff interviews confirmed that all staff were knowledgeable of this written plan and where to find it.

Upon review of the seven (7) sexual investigation files, the auditor saw a tracking checklist that shows each phase of the investigation and who completed each. The PREA Compliance Manager is responsible for ensuring that every item on the checklist is followed.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: Coordinated Response

Process Indicators: Investigation Files

Coordinated Response Checklist

Staff Interviews

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center is not a collective bargaining facility. The auditor received a notification of non-applicability signed by the Head of Agency. The agency policy for disciplinary procedures confirmed this information. The facility policy states that GCADC will not enter into a bargaining agreement with any employee that has engaged in custodial sexual misconduct.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 1.3.13 Staff Discipline

Facility Policy and Procedures: 1.1.9 Contract Services

Process Indicators: Memo of Non-Applicability

Staff Interviews

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center has a policy in place to monitor for retaliation. The retaliation monitoring policy is in place to safeguard against retaliation for staff and inmates who have reported and/or been cooperative in an investigation. The monitoring can last up to 90 days but can be extended as needed.

Although there is a policy in place for retaliation monitoring, the practice was not evident in the review of the seven (7) investigation files. There were several retaliation monitoring forms that were not completed and did not cover all standard provisions in 115.67(c). GCADC's practice of the monitoring was only once a month. That is not meeting the standard provision of periodic checks detailed in 115.67(d). There was no evidence in the file review that showed that retaliation monitoring was a practice for anyone who reported or cooperated with an investigation, such as in the case of witnesses. At the time of the audit, the practice of who was responsible for the monitoring, was front-line staff. Since this standard has been placed in CAP, the PREA Coordinator has charged the PREA Compliance Manager with the full duties of retaliation monitoring.

The auditor interviewed staff responsible for the monitoring and it was determined that the understanding of retaliation monitoring was not clear. The auditor also interviewed one (1) victim who did state that staff had been monitoring her from her previous incident report. Because of the inconsistencies, the auditor has recommended this standard be placed in CAP for at least 90 days. The auditor will evaluate this standard and determine compliance.

CAP Follow-Up:

The following information was utilized to verify compliance with the above listed CAP:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.6.1 Classification

Process Indicators: Investigation Files

Completed Retaliation Monitoring Form

Reassignment of Retaliation Monitoring Duties Memo

PREA Case Checklist

Inmate Interviews

Staff Interviews

The auditor has determined based on the information evaluated during the CAP period that GCADC is compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center does utilize their protective custody unit for the housing of those inmates who may be in fear of their life and who GCADC has no other alternative method of housing. This is defined and detailed within the zero-tolerance policy.

If an inmate voluntarily requests the PC unit, GCADC requires the inmate to sign a statement form that specifies the inmate's decision to be housed in the PC unit. If the inmate needs being housed in the PC unit but refuses, GCADC requires the inmate to sign a refusal statement form.

The auditor reviewed seven (7) sexual incident investigation files and reviewed two (2) PC housing documents from them. Both male inmate victims had signed their statement form to voluntarily choose the PC unit as their immediate housing. Their housing had been reviewed for further housing alternatives within the allotted 30-day window allowed per this standard provision. It was confirmed through documentation and staff interviews that inmates who are housed in PC, are allowed the same opportunities for programming, work opportunities, and exercise as the general population inmates. All PC forms and been completed and given to the auditor for review.

There were no inmates being housed in the PC unit for PREA purposes during the on-site visit.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 3.6.1 Classification

Facility Policy and Procedures: 3.4.1 Special Management Units

Process Indicators: Refusal for PC Housing

Requests for PC Housing

Weekly Review of Inmates Housed in PC Housing

Staff Interviews

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Sheriff's Office conducts its own investigations. Investigations are conducted by agency-wide investigators for all administrative and criminal incidents. Garland County Adult Detention Center has 20 investigators assigned to handle all sexual abuse and sexual harassment incident. Each rotation shift has two (2) assigned available investigators. GCADC also has an Investigator Director to oversee all the assigned investigators, and to review all completed investigations. All investigators have had the investigator specialized training required per PREA standard 115.334.

The auditor interviewed the Detention Expediter/Investigator, the PREA Compliance Manager, and the PREA Coordinator; it was confirmed that there have been no criminal sexual abuse incidents during this audit period. The auditor reviewed seven (7) administrative investigation files from this audit period and each investigation file showed a thorough and complete investigation. The PREA Coordinator advised that he was revising the current File Review Checklist. This checklist is a tracking document to ensure that all items required per PREA investigation standards are followed. The auditor did receive the revised form during the 45-day interim period.

The GCADC Detention Expediter/Investigator takes the lead on all criminal investigations. She acts as the facility Case Manager/Expediter, monitoring inmate case files and coordinating efforts to expedite cases, preventing stagnant inmate cases. As the lead investigator, she investigates criminal actions that are reported in the Adult/Juvenile Detention Center. She interviews and/or interrogates witnesses, suspects, victims, and others, to obtain

information relevant to the investigation. The Detention Expeditor/Investigator completes all investigative reports accurately and in a timely fashion for the prosecuting Attorney's Office.

Because Garland County Adult Detention Center has 20 assigned investigators, two (2) assigned to each rotating shift, and a lead investigator that oversees the criminal investigations and processes, the auditor can justify that number far exceeds the typical amount for a facility of this size. The auditor has determined that GCADC has exceeded this standard. GCADC does have a link on their county website to report criminal activity and to request an investigation using the third-party reporting form.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures:3.1.26 Sexual Assault

General Order 103: Internal Affairs Investigations

Agency Policy and Procedures: 9.1.1 Criminal Investigations

Agency Policy and Procedure: 3.1.19 Crime Scene Investigation

Process Indicators: Memo of Non-Occurrence

Incident Reports

Third Party Reporting Form

Investigation Files

Investigation File Review Checklist

Investigation Summary Reports

Investigator Training Records

Staff Interviews

Website Publication

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center conducts their own investigations. Investigations are conducted by 20 agency-wide investigators for all administrative and criminal incidents. The GCADC Detention Expediter/Investigator takes the lead on all criminal investigations. She acts as the facility Case Manager/Expeditor, monitoring inmate case files and coordinating efforts to expedite cases, preventing stagnant inmate cases. As the lead investigator, she investigates criminal actions that are reported in the Adult/Juvenile Detention Center. She interviews and/or interrogates witnesses, suspects, victims, and others, to obtain information relevant to the investigation. The Detention Expeditor/Investigator completes all investigative reports accurately and in a timely fashion for the prosecuting Attorney's Office.

The auditor reviewed seven (7) administrative investigation files from this audit period and each investigation file showed a thorough and complete investigation. The agency Investigation Protocol policy explains in detail that the Garland County Sheriff's Office and the Garland County Adult Detention Center investigators will use a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor interviewed the Detention Expediter/Investigator, the PREA Compliance Manager, and the PREA Coordinator; it was confirmed that there have been no criminal sexual abuse incidents during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

General Order 103: Internal Affairs Investigations

Agency Policy and Procedures: 9.1.1 Criminal Investigations

Agency Policy and Procedure: 3.1.19 Crime Scene Investigation

Process Indicators: Memo of Non-Occurrence

Incident Reports

Third Party Reporting Form

Investigation Files

Investigation File Review Checklist

Investigation Summary Reports

Investigator Training Records

Staff Interviews

Website Publication

Standard 115.73: Reporting to residents

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility Investigation Protocol policy explains in detail that the Garland County Sheriff's Office and the Garland County Adult Detention Center investigators will issue a findings notification letter to each inmate involved in a sexual incident. It is clear in the policies and after speaking with both investigators, that any staff involved in a custodial sexual misconduct incident involving a juvenile, will be terminated from all duties, charged, and convicted to the fullest extent of the law. GCADC is not a bargaining facility; therefore, there will be no bargaining contracts between staff and GCADC.

The auditor reviewed seven (7) investigation files, all of which were administrative in nature, and it was confirmed that GCADC investigators are following PREA practice in providing the inmates notification of the investigation outcomes. The auditor interviewed one (1) victim of a previous incident and it was confirmed during this interview that the victim was given notification of the investigation outcome.

The auditor interviewed the investigator and PREA Compliance Manager, and it was confirmed that there have been no custodial sexual misconduct incidents during this audit period. GCJDC does have a link for reporting incidents and for requesting an investigation on their agency website.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

General Order 103: Internal Affairs Investigations

Agency Policy and Procedures: 9.1.1 Criminal Investigations

Agency Policy and Procedure: 3.1.19 Crime Scene Investigation

Process Indicators: Memo of Non-Occurrence

Incident Reports

Third Party Reporting Form

Investigation Files

Investigation File Review Checklist

Investigation Summary Reports

Investigator Training Records

Notification letters

Inmate Interviews

Staff Interviews

Website Publication

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Juvenile Adult Center has strict guidelines in place that mandate removal of staff from the proximity of inmates if there is an allegation of custodial sexual misconduct. The GCADC is also responsible for informing the resident of the staff removal and the progress of the investigation. The Garland County Adult Detention Center's regulation and facility policy require staff disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policies. The policies mandate that the violation be reported to law enforcement and any licensing entities. GCADC is not a collective bargaining facility and will not bargain with any staff who has been charged with custodial sexual misconduct.

The interview with the Human Resources Director revealed that all employees are subject to mandatory reporting of any arrests or charges filed while employed at Garland County Adult Detention Center. This mandate is found in the employee handbook and the PREA policy, *Sexual Assault*.

The auditor received a memo from the PREA Coordinator explaining that since 2015, when GCADC opened, there has only been one (1) substantiated custodial sexual misconduct case. There have been no such occurrences of custodial sexual misconduct allegations during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 1.3.13 Staff Discipline

Process Indicators: Memo of Non-Occurrence

Employee Handbook

Employee Training Record Signature Sheets

Staff Interviews

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Juvenile Adult Center has strict guidelines in place that mandate removal of staff from the proximity of inmates if there is an allegation of custodial sexual misconduct. The GCADC is also responsible for informing the resident of the staff removal and the progress of the investigation. The Garland County Adult Detention Center's regulation and facility policy require staff disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policies. The policies mandate that the violation be reported to law enforcement and any licensing entities. GCADC is not a collective bargaining facility and will not bargain with any staff who has been charged with custodial sexual misconduct.

The interview with the Human Resources Director revealed that all employees are subject to mandatory reporting of any arrests or charges filed while employed at Garland

County Adult Detention Center. This mandate is found in the employee handbook and the PREA policy, *Sexual Assault*.

The auditor received a memo from the PREA Coordinator explaining that since 2015, when GCADC opened, there has only been one (1) substantiated custodial sexual misconduct case. There have been no such occurrences of custodial sexual misconduct allegations during this audit period.

Due to COVID-19 restrictions and protocols, there were no volunteers that could enter GCJDC during this audit period. There have been no such occurrences of custodial sexual misconduct allegations during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 1.3.13 Staff Discipline

Facility Policy and Procedures: 1.1.9 Contract Agency Services

Process Indicators: Memo of Non-Occurrence

Employee Handbook

Contractor Training Record Signature Sheets

Staff Interviews

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

After reviewing the inmate handbook, facility, and agency policy, and conducting inmate interviews, the auditor determined that it was evident that Garland County Adult Detention Center informs all inmates of the consequences of sexual misconduct. The policy states that the inmate's mental health, disciplinary history, and other determining factors will be taken into consideration when determining disciplinary action. The auditor was able to interview 26 inmates on the day of the on-site visit. All inmates confirmed their understanding of the rules pertaining to sexual misconduct.

The auditor spoke with the Classification Supervisor, Mental Health and the PREA Compliance Manager to confirm if there were any possible disciplinary reports and hearings, that may have led to an inmate being referred to Mental Health for immediate care. It was stated that there were no medical and mental health referrals during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedure: 3.3.4 Inmate Rules and Discipline

Facility Policy and Procedures: 5.1.1 Inmate Programs

Facility Policy and Procedures: 3.6.1 Classification

Facility Policy and Procedures: 5.3.1 Counseling

Process Indicators: Memo of Non-Occurrence

Disciplinary Reports

Formal Hearing Reports

Inmate PREA Acknowledgment Form

Inmate Handbook in English and Spanish

Inmate Interviews

Staff Interviews

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Coordinator provided the auditor with the twelve (12) male and twelve (12) inmate intake records from this audit year, which included the risk assessment screening tool and health care packets for each of the inmates. The auditor also reviewed intake file records of three (3) female victims, two (2) male victims, one (1) male abuser, and four (4) LGBTI inmates. Garland County Adult Detention Center uses an objective screening tool that captures what the PREA standard requires. During the on-site tour of facility, the auditor asked that the PREA Compliance Manager walk the auditor through a mock exercise of the intake process to include the risk assessment screening tool. There are specific procedures in place that help achieve the overall effectiveness of the screening tool to include confidentiality barriers during the screening process. The inmate risk screening is inputted electronically into the inmate management file system.

The auditor interviewed the PREA Compliance Manager, the Classification Supervisor, the front-line correctional staff, and front-line medical staff who are all

responsible for the administration of the screening tool and health screening form. It was determined during interviews that personnel were clear on how to administer the tools and the purpose of each. During the pre-audit documentation review, the auditor noticed that those inmate files reviewed who were specialized, had been referred to medical and mental health within the required fourteen (14) days per this standard.

The Classification Supervisor explained during her interview that once a referral has been submitted, she meets with the inmate of such referral. She stated that if there is an immediate need to refer the victim or abuser to outside mental health, she will coordinate that decision with the mental health personnel of TurnKey Health Services. The outside agency responsible for mental health care of GCADC inmates, if the need goes past TurnKey's evaluation, is Ouachita Behavioral Health. GCADC does have a MOU with Ouachita Behavioral Health.

Garland County Adult Detention Center utilizes the contracted medical and mental health staff employed via contract with TurnKey Health Services. The auditor interviewed the medical staff and mental health doctor during the on-site phase of the Garland County Adult Detention Center audit. He is understood of his responsibilities during a referral situation. They also understood their legal requirement in getting the inmate's consent before confidential information can be shared, such as if the resident is reporting sexual abuse that had not occurred within the facility. The auditor reviewed the form that was being utilized for the consent and recommended that the PREA Compliance Manager consider a revision. The auditor sent an example and the PREA Compliance Manager quickly revised the form. The auditor received a copy within the 45-day interim period.

The auditor interviewed 26 inmates during the on-site visit, and all stated that each had a risk assessment completed during their intake booking; each described the procedure and location of the assessment. The auditor interviewed two (2) female victims, one (1) male victim; all of which were victimized outside of GCADC. The auditor asked these inmates if they had been referred to mental health since their intake screening and all answered, "yes." The inmate risk assessment screening and the inmate management system tracking shows that these three (3) were referred to mental health within the fourteen (14) day period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 4.2.5 Health Appraisals

Facility Policy and Procedures: 4.2.21 Health Record Files

Facility Policy and Procedures: 1.5.3 Counseling

Facility Policy and Procedures: 3.6.1 Classification

Facility Policy and Procedures: 1.5.3 Inmate Management System

Process Indicators: Referrals and Follow-up Care Notes

PREA Intake Assessment Screening Tool

Inmate Health Screening Form

Medical and Mental Health Inmate Consent Form

MOU – Turnkey, Inc.

MOU – Ouachita Behavioral Health

Staff Training Records

Resident Interviews

Staff Interviews

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All immediate medical and mental health needs of inmates are met through a MOU with TurnKey Health Services, an on-site contractor. All forensic exams are completed at the University of Arkansas for Medical Sciences at no cost to the inmates. GCADC has a MOU on file with the UAMS to meet the SANE needs of the inmates. The GCADC has a MOU on file with Women and Children First to meet the ongoing advocacy needs for the inmates. This service is set-up through a hotline operated by the Woman and Children First agency. The immediate needs of advocacy are met through another MOU with the Ouachita Behavioral Health Center. The auditor interviewed a representative at both advocacy centers. The representatives confirmed that there have not been any inmates brought to the center within this audit period.

During the pre-audit review of documentation, the auditor did see evaluation forms that were completed by both medical and mental health in correspondence to referrals requested by the inmate(s). There were no sexual abuse incidents during this audit period. There were seven (7) administrative sexual harassment incidents; therefore, the referrals were based from an initial evaluation of the victims in these cases.

The auditor was impressed with the medical treatment set-up at Garland County Adult Detention Center. During the on-site visit, the auditor noticed that each unit had its own medical lab to meet the immediate needs for the inmates without the inmates having to leave the unit. GCADC has a total of eight (8) units. There is also a main medical lab within a central location of the facility. The mental health lab is in the same location as the medical lab.

The auditor was also impressed with the mental health treatment set-up at GCADC. Once a referral is completed, the GCADC mental health staff conducts an initial interview and consultation with the inmate. If the needs of the inmate supersede that of which TurnKey can provide, TurnKey will contact the outside contracted mental health agency, Ouachita Behavioral Health to offer the inmate the continuity of services as offered within the community.

Because GCADC has many avenues to choose for both medical, mental health, and advocacy care for inmates, and because GCADC meets the immediate need of medical care due to having medical labs in each unit, the auditor has determined the Garland County Adult Detention Center exceeds the standard.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 4.2.6 Emergency Treatment of Inmate Injury

Facility Policy and Procedure: 4.2.1 Health Services

Facility Policy and Procedures: 4.2.21 Health Record Files

Facility Policy and Procedures: 1.1.9 Contract Agencies Services

Facility Policy and Procedures: 1.5.3 Counseling

Process Indicators: Memo of Non-Occurrence

Referral to Medical Services Form

TurnKey Response to Sexual Abuse Form

MOU: UAMS

MOU: Turnkey Health Services

MOU: Ouachita Behavioral Health Center

MOU: Woman and Children First

Contractor Training Records

Staff Interviews

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All immediate medical and mental health needs of inmates are met through a MOU with TurnKey Health Services, an on-site contractor. All forensic exams are completed at the University of Arkansas for Medical Sciences at no cost to the inmates. GCADC has a MOU on file with the UAMS to meet the SANE needs of the inmates. The GCADC has a MOU on file with Women and Children First to meet the ongoing advocacy needs for the inmates. This service is set-up through a hotline operated by the Woman and Children First agency. The immediate needs of advocacy are met through another MOU with the Ouachita Behavioral Health Center. The auditor interviewed a representative at both advocacy centers.

During the pre-audit review of documentation, the auditor did see evaluation forms that were completed by both medical and mental health in correspondence to referrals requested by the inmate(s). There were seven (7) administrative sexual harassment incidents; therefore, the referrals were based from the initial evaluation of the victims in these cases. There were no follow-up treatment plans for the victims or abusers in these cases. There were no sexual abuse incidents during this audit period. Because of the inconsistencies of referrals, the auditor

has determined that this standard go into CAP for at least 90 days, at which time, the auditor will evaluate and determine compliance.

CAP Follow-Up:

The following information was utilized to verify compliance with the above listed standard:

Protocols:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 4.2.6 Emergency Treatment of Inmate Injury

Facility Policy and Procedure: 4.2.1 Health Services

Facility Policy and Procedures: 4.2.21 Health Record Files

Facility Policy and Procedures: 1.1.9 Contract Agencies Services

Facility Policy and Procedures: 1.5.3 Counseling

Process Indicators: Memo of Non-Occurrence

Memo to Staff & Staff Signatures

Completed Referrals to Medical & Mental Health Services

Completed TurnKey Responses to Sexual Abuse Forms

PREA Case Checklist

MOU: UAMS

MOU: Turnkey Health Services

MOU: Ouachita Behavioral Health Center

MOU: Woman and Children First

Contractor Training Records

Aftercare Inmate Pamphlet

Staff Interviews

The auditor has determined based on the evaluation of documentation sent during CAP, that GCADC now meets this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Garland County Adult Detention Center policy outlines protocol for sexual incident reviews which shall occur within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners and the first responder.

The auditor reviewed seven (7) administrative sexual harassment incident case files. The standard provision does not require sexual abuse incident reviews to be completed on sexual harassment cases. There were no reported sexual abuse incidents within this audit period; therefore, there were no sexual abuse incident reviews. The PREA Compliance Manager did provide the auditor with a case file before this audit period that did show an unsubstantiated sexual abuse incident, in which a sexual abuse incident review had been completed. The auditor saw that the team provided an outcome and recommendation of change based on the sexual abuse incident investigation summary.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Process Indicators: Memo of Non-Occurrence

Team Review Packet
Sexual Incident Review Form
Investigation Summary
Incident Reports
Staff Interviews

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor interviewed the PREA Compliance Manager and he confirmed the secure process of data collection to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, and training. The facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. Facility policy requires facilities to maintain review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. GCADC is required by Department of Justice to complete a Survey of Sexual Violence Form annually. The auditor reviewed seven (7) administrative sexual harassment incidents and each had a Survey of Sexual Violence report attached.

There were no reported sexual abuse incidents within this audit period. The auditor confirmed that the SSV report information is submitted to the agency website.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 1.1.4 Facility Reports

Process Indicators: Data Reports since 2017

Agency Website Publication

Survey of Sexual Violence Report since 2017

Staff Interviews

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Coordinator of Garland County Adult Detention Center reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by:

- 1) Identifying problem areas;
- 2) Taking corrective action on an ongoing basis; and
- 3) Preparing an annual report of its findings and corrective actions.

The facility’s report is written by the agency wide PREA Coordinator who makes the reports readily available to the public through the agency website. The auditor did confirm that such reports were available on the agency’s website. The PREA Coordinator redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Although the PREA Coordinator did have the previous year annual reports available, the auditor assisted the PREA Coordinator in revising each year annual report so that it’s specific to any corrective action that may have been implemented based upon the aggregated data. The revised reports to were sent to the auditor within the 45-day interim period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: 1.1.4 Facility Reports

Process Indicators: Annual Reviews since 2017

Website Publication

Staff Interviews

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Garland County Adult Detention Center policy and procedure, and interviews with the PREA Coordinator and PREA Compliance Manager, confirms that data is collected and

securely retained. The agency maintains sexual abuse data collected for at least 10 years after the date of the initial collection.

The facility makes all aggregated sexual abuse data, from its facility under its direct control, readily available to the public at least annually through its agency website. The GCADC is required by Department of Justice to complete a Survey of Sexual Violence Form annually. The auditor reviewed seven (7) administrative sexual harassment incidents and each had a Survey of Sexual Violence report attached. The auditor reviewed the agency website and confirmed the agency removes all personal identifiers from all reports and all SSV data reports from 2017 were available through the agency website.

There were no reported sexual abuse incidents within this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Facility Policy and Procedures: 3.1.26 Sexual Assault

Facility Policy and Procedures: Facility Reports

Agency Policy: Data Retention

Process Indicators: Survey of Sexual Violence Reports since 2017

Annual Data Reports since 2017

Staff Interviews

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The audit process consisted of documentation review, staff interviews, resident interviews, and an on-site tour of the Garland County Adult Detention Center. The pre-audit preparation included a thorough review of all documentation and material submitted by the facility along with data included in the completed Bureau of Justice Assistance (BJA) Pre-Audit Questionnaire for Adult Facilities. The auditor received primary documentation which consisted of policies and secondary documentation which also consisted of procedures via email for review prior to the on-site phase of the audit process. The documentation reviewed consisted of facility policies, procedures, forms, education materials, training curriculums, organization chart, posters, brochures, resident population reports, memorandums of agreement, signed training rosters, community-based contact information, facility schematic, juvenile intake records and signed acknowledgments, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were written and submitted to the facility PREA Coordinator and PREA Compliance Manager. Answers to the auditor's follow-up questions, along with supporting documentation were submitted by the facility PREA Compliance Manager and reviewed by the auditor prior to the on-site phase of the audit process. During the first and second review of material, the auditor and PREA Coordinator worked diligently to obtain all material necessary to meet the standards for PREA compliance.

Garland County Adult Detention Center had a certified DOJ PREA audit in 2018 and was found to be compliant with all Prison and Jails PREA Standards. GCADC's current audit is in Year 3, Cycle 3 of the PREA audit calendar. The auditor has determined that GCADC is not compliant with all PREA Standard provisions. The auditor has placed Garland County Adult Detention Center in a 90-day CAP for the following standards: 115.41, *Screening for Risk of Victimization and Abusiveness*, 115.67,

Retaliation Monitoring, and 115.83, On-going Medical and Mental Health Care for Sexual Abuse Victims and Abusers. Upon completion of the 90-day CAP, the auditor will review all supporting documentation and will make a final compliance determination.

The auditor received all required documentation during GCADC’s CAP and evaluated it to ensure that all documentation met the provisions of each standard that was placed into CAP. The auditor has determined that Garland County Adult Detention Center does meet all PREA Standards and is now compliant.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor has verified through the Garland County Juvenile Detention Center agency website that the PREA audit report of 2018 is present. The auditor has instructed the PREA Coordinator to publish a copy of this Interim Report as well as the final audit report within 90 days of receipt from auditor.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Christy Slauson-Vincent

August 27, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

