

PREA Facility Audit Report: Final

Name of Facility: Benton Unit

Facility Type: Community Confinement

Date Interim Report Submitted: 06/25/2025

Date Final Report Submitted: 12/30/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 12/30/2025

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	dreed@drbconsultinggroup.com
Start Date of On-Site Audit:	01/27/2025
End Date of On-Site Audit:	01/29/2025

FACILITY INFORMATION	
Facility name:	Benton Unit
Facility physical address:	6701 Highway 67 , Benton, Arkansas - 72015
Facility mailing address:	

Primary Contact

Name:	Darren Dill
Email Address:	Darren.Dill@doc.arkansas.gov
Telephone Number:	870-850-8899

Facility Director	
Name:	Kenny Davis
Email Address:	Kenneth.Davis@doc.arkansas.gov
Telephone Number:	870-523-5877

Facility PREA Compliance Manager	
Name:	Darren Dill
Email Address:	darren.dill@doc.arkansas.gov
Telephone Number:	870-850-8899

Facility Health Service Administrator On-Site	
Name:	Crystal McCoy
Email Address:	CMcCoy@Wellpath.us
Telephone Number:	501-276-9566

Facility Characteristics	
Designed facility capacity:	325
Current population of facility:	325
Average daily population for the past 12 months:	339
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Men/boys

Age range of population:	21 - 63
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	88
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	16
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

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

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-01-27
2. End date of the onsite portion of the audit:	2025-01-29

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	325
15. Average daily population for the past 12 months:	325
16. Number of inmate/resident/detainee housing units:	3

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

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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>326</p>
<p>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

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

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	76
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	27

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>This auditor also attempted to identify and interview BU inmates who fit the target group per the PREA Auditor's Handbook.</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>This auditor requested to view the Master Population Roster, which contains inmate demographic and ethnic information. This auditor also conversed and reviewed medical documentation to identify targeted groups and establish a diverse sample of random inmate interviews.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>

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

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

<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor also requested to view the Master Population Roster, which contains inmate demographic and ethnic information. This auditor also conversed and reviewed medical documentation to identify targeted groups and establish a diverse sample of random inmate interviews. There were no inmates residing at BU fitting the targeted population criteria. This was confirmed when this auditor interviewed a selection of random BU inmates and asked if there were current inmates who fit any of the targeted categories.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor also requested to view the Master Population Roster, which contains inmate demographic and ethnic information. This auditor also conversed and reviewed medical documentation to identify targeted groups and establish a diverse sample of random inmate interviews. There were no inmates residing at BU fitting the targeted population criteria. This was confirmed when this auditor interviewed a selection of random BU inmates and asked if there were current inmates who fit any of the targeted categories.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor also requested to view the Master Population Roster, which contains inmate demographic and ethnic information. This auditor also conversed and reviewed medical documentation to identify targeted groups and establish a diverse sample of random inmate interviews. There were no inmates residing at BU fitting the targeted population criteria. This was confirmed when this auditor interviewed a selection of random BU inmates and asked if there were current inmates who fit any of the targeted categories.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>20</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook. These 20 interviewed staff include specialized staff and contracted medical professional staff.</p>

<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

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

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

Site Review

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

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

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>While onsite, I requested my own samples of documents, reviewed files while onsite, and other verification to determine compliance. This auditor also tested the PREA Internal Hotline to ensure confidential reporting. This auditor also contacted <i>CLEST (Commission on Law Enforcement Standards and Training)</i> to verify them as external confidential reporting resource for BU inmates.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>ARDOC's assigned PREA Coordinator shared that there have not been investigations in this category of investigation in the past 12 months. This auditor also reviewed ARDOC's investigation files through their "eOmis" (electronic offender management information system), requested to review files while onsite, and asked interviewed inmates if any sexual abuse or sexual harassment has been reported at BU.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.211. Benton Unit follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.211. An excerpt states, <i>“As the executive head of the Arkansas Department of Corrections (DOC), it is the responsibility of the Secretary of Corrections (Secretary) to administer the various rules, orders, or directives issued by the DOC. The purpose of this directive is to ensure that the DOC remains in compliance with the Prison Rape Elimination Act (PREA). The DOC has a “zero-tolerance” approach toward all forms of sexual abuse and sexual harassment. This directive also sets forth the DOC’s zero-tolerance approach to preventing, detecting, and responding to such conduct. The DOC will initially respond to all reports of sexualized behavior or abuse as nonconsensual,</i></p>

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.211.

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

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

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

Good morning everyone,

Please welcome Ms. ----- to the PREA team! She will be working as my

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

Thank you,

PREA Coordinator, M.A., PhD-C

Agency PREA Coordinator

Arkansas Department of Corrections (ARDOC)

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

This PREA auditor concludes that the Benton Unit (BU) is in compliance with PREA Standard 115.211.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.212. The Arkansas Department of Corrections submitted 53 of their contracts for confinement. There were 3 contracts were with "Re-Entry Facilities" and 50 were with contracted jails through their "309" Contracts. ARDOC's "309" Contracts are agreements between ARDOC and participating county jails within the state, to provide confinement (bed space) at local county jails for specifically screened/ charged ARDOC residents.</p> <p>This auditor reviewed the 50 "309" Jail Contracts" submitted by ARDOC's PC during their previous PREA Agency Audit. This auditor also reviewed 3 "Re-Entry Facilities" contracts during this onsite audit. The 3 contracts ARDOC has with the "Re-Entry Facilities" had language in their contracts which aligns with this PREA Standard. However, when this auditor reviewed the language in ARDOC's 50 "309 Contracts," they did not contain the language required for the contracted entities to be compliant with ALL PREA Standards. USDOJ PREA Standard 115.212 states, "(a) A public agency that contracts for the confinement of its residents with private</p>

agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards."

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

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

ii. Standard response protocols to reported incidents of sexual harassment

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

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

This auditor recommended ARDOC revise their "309" contract language to clearly align with PREA Standard 115.212, ensuring that each contracted for confinement "309" county jail adopt and comply with PREA Standards, receiving PREA facility audits every 3 years. Additionally, this auditor recommended ARDOC assign personnel who are knowledgeable in PREA, to provide monitoring to all its participating "309" county jails, with the goal of ensuring full PREA compliance through receiving a PREA Audit.

After this auditor's recommendation, ARDOC engaged in multiple meetings with ARDOC's agency leadership, as well as multiple communications with the 50 currently participating "309" county jails. These meeting entailed ARDOC making the current 50 participating "309" county jail leaders aware of ARDOC's non-

	<p>compliance with PREA Standard 115.212, informing the actions ARDOC needed to take to move into compliance, and adjustments ARDOC will be making to their “309” county jail contracts to move into compliance. Furthermore, ARDOC amended all their current “309” county jail contracts, provided a window of opportunity for the various 50 participating county jail leaders to review, respond, sign, or opt out of ARDOC’s amended contract (which contained new contractual language/ requirements to align with the PREA Standard 115.212). ARDOC’s amended contractual language states, <i>“The COUNTY shall adhere to the standards as stated in the Prison Rape Elimination Act of 2003. The DIVISION shall conduct an informal audit prior to August 19, 2025. The COUNTY shall allow access to facilities and records to the DIVISION as needed to perform the informal audit. The COUNTY shall provide to the DIVISION a certification of full compliance with the PREA prior to August 19, 2026.”</i></p> <p>On 1/15/25, ARDOC’s PREA Coordinator submitted 49 executed/signed amended contracts (uploaded in OAS) from 49 participating “309” county jails. ARDOC’s PREA Coordinator shared that, going forward, additional county jails interested in becoming a contracted “309” county jail, will have to adhere to the amended contract provisions (which includes the amended PREA language).</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.212.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.213. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.213. Excerpts states, <i>“Each facility shall develop, document, and make its best efforts to comply on a regular basis with a Staffing plan that provides for adequate levels of Staffing and, where applicable, video monitoring, to protect Offenders from Sexual Abuse.</i></p> <p><i>1. In calculating adequate Staffing levels and determining the need for video monitoring, Prisons shall take into consideration:</i></p> <ul style="list-style-type: none"> <i>a. Generally accepted detention and correctional practices;</i> <i>b. Any judicial findings of inadequacy;</i>

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

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

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

This auditor also reviewed BU's "*Staffing Plan*" (October 2024) which documented BU's process of ensuring adequate staffing to protect residents from sexual abuse. BU's "*Staffing Plan*" contains all the components which need consideration when identifying staffing needs. This auditor verified that there were no deviations from the staffing plan within the last 12 months. They explained that when there is a deviation from the staffing plan, and after all other above-mentioned alternatives have been exhausted, leadership will be contacted. This PREA auditor also reviewed the facility's staffing roster for the past 6 months, which showed adequate staffing coverage to protect residents from sexual abuse. This auditor observed that there were no special resident population specifications within the "*Staffing Plan*" reflecting those residents who are Disabled, Limited English Proficient, risk of abusiveness/victimization or LGBTI residents admitted to this facility.

Additionally, while onsite, this auditor randomly selected unannounced supervisory rounds from January 2024 to January 2025. This auditor observed that unannounced supervisory rounds were completed and were noted in BU's green logbooks in red ink. When interviewing security staff regarding round frequency, many stated that

the assigned staff within the barrack completed one round once an hour within a 12-hour shift. During this auditor's interview with the Chief of Security/PREA Compliance Manager, he confirmed security staff's frequency and shared there was no set frequency for unannounced rounds in the barracks. He continued to share that supervisor complete unannounced rounds and document in the log at the desk in each housing area. Finally, during the exhaustive site review, this auditor observed several blind spot areas within BU.

This auditor recommended the BU provide video monitoring in the following blind spot areas:

1. **Building #58:** 1 camera in dayroom facing restrooms
2. **Chapel:** 1 camera on back wall
3. **Kitchen Area:** 1 camera in cooking area facing dishwashing area; 1 camera in place of 2-way mirror in kitchen storage hallway; 1 camera in storage room #2; 1 fisheye camera in storage room #3 in middle of room; 1 camera in storage room #4; 1 camera in sandwich prep room
4. **Maintenance Building #60:** 2 cameras in workspace; 1 camera in tool room; 2 cameras in parts room for two aisles
5. **Regional Maintenance:** 1 camera in Basement Tool Room; 1 camera in back hallway; 1 camera in staff break room; 1 camera in room outside of regional maintenance office.
6. **Building #62:** 1 fisheye camera in work room; 1 camera in hallway; 1 camera in extra mattress storage room; 1 fisheye camera in extra clothes/sheets storage room; 1 camera in Beau storage room; 1 camera in storage hallway; School Area—1 camera in classroom #1
7. **Building #59:** 1 camera facing hallway bathroom; 1 camera in dayroom #3; 1 camera in hallway facing dayroom
8. **Camera monitoring** in all stairwells in Buildings #58, 59, 62
9. **Work Release Area:** 1 fisheye camera in central area

This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.213. Corrective Action was required.

During Benton Unit's (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, Chief of Security/PREA Compliance Manager (CS/PCM) submitted a requisition from ARDOC's construction supervisor and a quote from a commercial company to provide cameras (dated 11/04/25). ARDOC's PREA Coordinator also submitted a "Memo" from ARDOC's Agency Head/Secretary approving the purchasing process for the identified/recommended video monitoring. The "Memo" states,

To: Dr. (PREA Coordinator)

From: Secretary (Agency Head)'

	<p>RE: Camera Enhancements, Benton Unit</p> <p>Date: October 29, 2025</p> <p><i>Thank you for your work in compiling the list of cameras recommended by our Prison Rape Elimination Act (PREA) auditor. Ensuring the safety of our units is a top priority for me, and I authorize our construction team to begin the purchasing process. I am reviewing the needs of the department to determine whether these cameras need to be installed or replaced as part of a standalone project or whether these changes are better adopted into a comprehensive camera project.</i></p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.213.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.215. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.215. An excerpt states, “(a) <i>The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female Offenders.</i></p> <p><i>(b) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in Exigent Circumstances or when performed by medical practitioners.</i></p> <p><i>(c) For a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female Offenders, absent Exigent Circumstances. Facilities shall not restrict female Offenders’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.</i></p> <p><i>(d) Offenders shall be permitted to shower, perform bodily functions, and change clothing without Staff of the opposite gender viewing their breasts, buttocks, or genitalia except in Exigent Circumstances or when such viewing is incidental to routine cell checks.</i></p> <p><i>(e) Staff of the opposite gender shall announce their presence when entering an</i></p>

Offender housing unit.

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

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

While on-site, this PREA auditor interviewed 27 randomly selected residents. Each resident verified that pat searches are conducted by both male and female officers. When this auditor interviewed a random selection of 10 BU direct supervision staff and asked, "Which gender staff pat searches a transgender or intersex?" There were inconsistent responses from the 10 interviewed BU direct supervision staff. One out of 10 staff knew the appropriate procedures and knew searches were performed by female staff or the preference of the transgender resident. Some staff stated that because a transgender or intersex resident is placed in a male facility they would be searched by a male. All staff had knowledge of pat search procedures, but nine were unaware of the procedures for searching transgender residents. BU is an all-male facility.

Additionally, while onsite, this auditor conducted a site review/tour and observed that there was adequate privacy in the showers utilizing PREA curtains for coverage of residents. This auditor observed that most toilets had partitions which provide the necessary privacy when a resident is toileting.

Further, this auditor interviewed a random selection of 27 BU residents. There were 25 of the 27 randomly selected interviewed residents who shared that they do feel that they have enough privacy to shower, use toilet, perform bodily functions, and get dressed without being viewed by non-medical staff of the opposite gender due to the partitions and PREA curtains. Two residents shared that there is some privacy when using the toilet, showering, or dressing primarily due to their housing area missing a partition in the toileting area.

During this auditor's site review/tour, this auditor observed some gender announcements that occurred upon entry into each barrack. This auditor interviewed a random selection of 10 direct supervision staff and asked if female staff announce prior to entering resident bathroom and sleeping quarters? Eight out of 10 staff members shared that announcing prior to entering the toilet area and bathrooms of residents are occurring consistently, however announcing within the barracks where a resident might be changing clothes or without clothing is not consistent. Twenty-five out of 27 interviewed residents also shared that female staff announce their presence before entering their shower and toileting area but were not consistent when entering the barracks.

This auditor recommended that BU address privacy concerns within the facility:

1) C Wing Building #58—Place a partition in the toileting area

	<p>2) A Wing Building #62--Place a partition in the toileting area</p> <p>3) A Wing Building #59—Place a partition in the toileting area</p> <p>This auditor also recommended that visible signage at the entrance to resident barracks stating <i>“Opposite Gender Must Announce When Entering”</i> reminding opposite gender staff to make required announcement when entering. BU should submit photo evidence of this signage outside of each barrack area within the facility. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.215. Corrective Action was required.</p> <p>During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence of PREA Curtains and partitions between toilets in A, B, and C housing wings of building #58, A, B, and C housing wings of building #59, as well as A, B, C, and D housing wings of building #62. BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence of PREA <i>“Opposite Gender Announcing”</i> (OGA) signage posted on all entry doors leading into each of the previously mentioned housing wings in buildings #58, #59, and #62. The signage states, <i>“Opposite Gender Must Make a Loud Verbal Command When Entering Wings.”</i></p> <p>Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) also submitted 29 staff signed <i>“PREA Training Acknowledgement Forms,”</i> as evidence of all BU staff receiving language line training. Additionally, BU's Chief of Security/PREA Compliance Manager (CS/PCM) submitted their 32 slide PowerPoint training curriculum, which recaps this PREA Standard, addresses the purpose of OGA, and procedures of making such announcements.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.215.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.216.</p>

Benton Unit (BU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.216. An excerpt states, *"Each facility shall provide Offender education in formats accessible to all Offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for Offenders who have limited reading skills. Use of Offender interpreters for assistance in Offender education on aspects of the DOC's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment shall be prohibited except in circumstances where extended delay in obtaining an effective interpreter could compromise the Offender's safety."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.216.

While on site, this auditor interviewed ARDOC's PREA Coordinator. She shared that translation services are provided through ARDOC courts, who can provide interpreters via ZOOM. During interviews with 10 direct supervision and supervisory staff, they did not know about translation access through ARDOC courts. The direct supervision staff interviewed were unsure of a formal translation/interpretation service for non-English speaking residents. They all shared that there are Spanish speaking staff within the facility that they could utilize but did not have a resource for residents that speak a different language.

Additionally, while on site, this auditor did observe PREA reporting postings throughout BU in English and Spanish however the PREA pamphlet on the kiosk was in English only. This auditor also reviewed the PREA Pamphlets in English and Spanish, as well as viewed PREA Resident Education videos in English, Spanish, American Sign Language and closed captioned for the hearing impaired. At the time of this audit, there were two Limited English Proficient (LEP) residents. Each confirmed receiving PREA Education but could not recall if the content or pamphlet were provided in Spanish.

Furthermore, this auditor interviewed ARDOC's contracted medical services provider's (WellPath) Health Service Administrator. She shared that Wellpath has a contract with *"Language Line Solutions"* to assist with medical and mental health translation services for BU residents. This auditor was able to review Wellpath's contract and access code with *"Language Line Solutions."* This auditor also tested the *"Language Line Solutions"* number and access code. Once Wellpath's access code was input, this auditor was provided access to a representative to assist with various language translations.

This auditor recommended that BU establish a formal collaborative partnership with WellPath to allow the use of Wellpath's *"Language Line Solutions"* access needs for BU LEP residents. Once this documented collaboration is formalized/established this auditor recommended BU facilitate a *"Staff Training"* on the purpose and how to access the language line to assist with translation services for BU residents. This auditor also recommended that BU post their English and Spanish PREA Signage next to each another, in the School Area Lobby in Building #62. This PREA auditor

	<p>concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.216. Corrective Action was required.</p> <p>During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence “<i>PREA Reporting Signage</i>” in English and Spanish next to each throughout buildings #58, #59, and #62 (specifically in the School Area Lobby of Building #62).</p> <p>BU’s Chief of Security/PREA Compliance Manager (CS/PCM) also submitted 29 staff signed “<i>PREA Training Acknowledgement Forms</i>,” as evidence of all BU staff receiving language line training. Finally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, discussed the purpose and how to access their language line to assist with translation services for BU residents.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.216.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.217. Benton Unit (BU) submitted their Arkansas Department of Corrections Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.217. An excerpt states, “<i>The DOC shall perform a criminal background record check before enlisting the services of any Contractor who may have contact with Offenders. b. The DOC shall conduct criminal background record checks at least every five years of current employees and Contractors who may have contact with Offenders.</i>”</p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.217.</p> <p>This PREA auditor interviewed ARDOC’s Human Resources Director. He shared that background checks are conducted on all employees and contractors. They further shared that background screenings include ACIC (Arkansas Crime Information Center), NCIC (National Crime Information Center) fingerprinting, Court Connect (Open Cases review system), and Employee reference Checks. When this auditor</p>

asked about conducting 5-year background checks (on employees and contractors) and *“PREA Affirming Acknowledgement Disclosures”* for employees, he shared that they have not been conducting background checks, at minimum, every 5 years of employees or contractors beyond their initial background checks. Furthermore, they have not been consistent in administering their *“PREA Affirming Acknowledgement Disclosures”* to all employees at hire, upon promotion, or as a part of performance reviews.

While onsite, this auditor randomly selected 15 BU employee files from an HR Manager/Liaison. This auditor reviewed the randomly selected files and observed that 15 out of 15 reviewed files had the new background checks between 7/01/24 through 7/25/24 completed. These new background checks that were to be completed were a result of this auditor’s Agency Audit recommendation to ARDOC HR Director (at Headquarters), to conduct a sweeping background re-check of all ARDOC facility staff and contractors. This recommendation was to re-establish ARDOC’s consistency in conducting initial background checks, promotional background checks and background checks at least every 5 years. This auditor learned that each ARDOC facility HR Manager/Liaison has access to the *LaserFiche* for the facility they are assigned to. They are not able to obtain information about employees not assigned to their facility.

While onsite, this auditor randomly selected 15 BU employee files from an HR Manager/Liaison. This auditor reviewed the randomly selected files and observed that 15 out of 15 reviewed files had the new background checks between 7/01/24 through 7/25/24 completed. Additionally, this auditor verified that 15 out of 15 BU staff completed *“PREA Affirming Acknowledgement Disclosures”* between the dates of 7/01/24 through 7/25/24. These *“PREA Affirming Acknowledgement Disclosures”* are also a result of this auditor’s Agency Audit recommendation to ARDOC HR Director (at Headquarters), to administer sweeping *“PREA Affirming Acknowledgement Disclosures”* to all ARDOC facility staff. This recommendation was to re-establish ARDOC consistency in requiring all staff to affirm/reaffirm that they have not engaged in previous misconduct under PREA Standard 115.217.

During this auditor’s interview with the HR Manager/Liaison, this auditor asked how frequently these backgrounds are completed. The BU’s HR Manager/Liaison stated that she follows the newly implemented HR procedures to ensure that initial, promotional and annual checks occur as well as a *“PREA Affirming Acknowledgement Disclosure”* is completed annually (per ARDOC’s HR Director directive given in January 2025). Contractors also receive initial background checks every five years.

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

	<p><i>Date and duration of employment;</i> <i>Current pay rate and wage history;</i> <i>Job description and duties;</i> <i>The last written performance evaluation prepared prior to the date of the request;</i> <i>Attendance information;</i> <i>Results of drug or alcohol tests administered within one (1) year prior to the request;</i> <i>Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;</i> <i>Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and</i> <i>Whether the employee is eligible for rehire.”</i></p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.217.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.218.</p> <p>While onsite, this auditor interviewed Benton Unit (BU) Deputy Warden who shared that no notable upgrades for expansion occurred in the facility within the last three years. Finally, BU’s Deputy Warden shared that BU considers their ability to protect residents from sexual abuse when coordinating video monitoring implementation and placement. This auditor observed that each resident within the facility is issued a tablet at no cost.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.218.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents

uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.221. Benton Unit (BU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.221. An excerpt states, *"In coordination with the outside facility, the designated Staff shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or other qualified medical practitioner. The efforts to provide SAFEs or SANEs shall be documented. The examination shall be at no cost to the Victim.*

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

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

This auditor also reviewed ARDOC's Coordinated Response Plan which states, *"If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization, a DOC staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews. Their role is to*

provide emotional support, crisis intervention services, information, and referrals. Please contact your facility PCM for a list of qualified agency staff members."

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

While onsite, this auditor interviewed BU's Captain/PREA Compliance Manager who shared that they had not identified staff victim advocates and did not have an active MOU to provide Victim Advocacy services to current residents. This auditor discussed the purpose, role and importance of having victim advocates available to residents for both emotional support and support for sexual abuse victims as outlined in PREA Standard 115.221.

This auditor also interviewed WellPath's Health Services Administrator who shared that BU transports victim residents to "Saline Memorial Hospital" for Sexual Abuse Nurse Examinations/Sexual Abuse Forensic Examinations (SANE/SAFE). Finally, BU utilizes the "Arkansas State Police" (ASP) for all PREA sexual abuse criminal investigations.

Additionally, while on site, this auditor interviewed a random selection of 27 BU

residents. When this auditor asked about their knowledge of victim advocacy services provided for residents at BU, 0 out of the 27 residents knew about victim advocacy services for residents that may be victims of sexual abuse and for emotional support for all BU residents.

Furthermore, this auditor interviewed a random selection of 10 BU security supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Eight out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Five out of 10 interviewed security supervision staff were able to share their crime scene preservation duties and their duties to preserve usable evidence without this auditor's prompt. Many staff required this auditor's prompting when discussing crime scene preservation in terms of requesting encouraging victims not to change clothing, use the toilet, brush teeth, or shower, as well as requesting perpetrators not to change clothing, use the toilet, brush teeth, or shower. Finally, this auditor reviewed BU's training curriculum, which contained all the first responder duty deliverables (which includes crime scene preservation/preserving usable evidence) within its content.

During this auditor's debriefing meeting on the final day of BU's onsite audit, this auditor recommended that BU identify staff that would become victim advocates and go through the 4-hour training provided by ARDOC's PREA Coordinator. BU submitted the certificates of three staff members who completed ARDOC's *"Sexual Assault Victim Advocacy Training"* on 3/18/25.

This auditor recommended that BU provide *"Refresher Training"* to BU staff regarding BU's staff victim advocates. Staff trained should be made aware of who BU's victim advocates are, their purpose, and how residents can access them if needed. This auditor also recommended that all BU residents receive *"Refresher Education"* focused on who the BU victim advocates are, their role and purpose, and how to access them if needed. Residents should be aware that BU's specialized trained Victim Advocate provides victim advocacy and emotional support to all BU residents.

Finally, this auditor recommended BU conduct a *"Refresher Training"* to all BU staff focused on *"Crime Scene Preservation and Preserving Usable Evidence,"* as well as their *"First Responder Duties."* This training should include staff understanding their duties to separate the alleged victim from the abuser, preserving the crime scene suggesting the victim not to change their clothing, use the toilet, or shower, requesting the victim not to change their clothing, use the toilet, or shower to preserve usable evidence. Training should be documented and acknowledged with staff signatures as verification of compliance. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.221. Corrective Action was required.

During Benton Unit's (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA

	<p>Coordinator (PC) and BU's Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU's Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence of "PREA Reporting Signage" and CLEST Signage in English and Spanish, as well as next to each resident phones throughout buildings #58, #59, and #62.</p> <p>This auditor requested to see the "PREA Offender Education Checklist," of every resident admitted since the conclusion of BU's onsite audit through 10/31/25, to verify that BU provided "PREA Refresher Education" to BU's residents. BU's CS/PCM submitted 95 initialed, acknowledged, and signed "PREA Offender Education Checklist" (PREA Resident Comprehensive Education), as evidence of providing "PREA Refresher Education" to BU's residents. BU's "PREA Offender Education Checklist" entailed education on BU's zero tolerance policy, residents rights to be free from sexual abuse and harassment, multiple ways to report at BU, external reporting through Arkansas Commission on Law Enforcement Standards and Training (CLEST), Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as who are BU's staff victim advocates, their purpose, and how to access BU's victim advocates.</p> <p>Finally, BU's Chief of Security/PREA Compliance Manager (CS/PCM) submitted 29 staff signed "PREA Training Acknowledgement Forms," as evidence of all BU staff receiving grievance procedures training. Additionally, BU's CS/PCM submitted their 32 slide PowerPoint training curriculum discussed the various components of 1st Responder Duties, procedures for 1st Responder staff, as well as crime scene preservation procedures for usable evidence in investigations.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.221.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.222. Benton Unit (BU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.222. An excerpt states, "All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports."</p>

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

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

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)," concluding that it has the necessary language to align with PREA Standard 115.222.

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

Furthermore, ARDOC's PREA Coordinator shared that ARDOC partners with *Arkansas State Police (ASP)*, which is responsible for conducting PREA criminal investigations. This auditor verified this partnership through a call to ASP, who verified being the entity to conduct criminal investigations for ARDOC facilities. This auditor also reviewed ARDOC's "Coordinate Response Plan Manual." This manual describes the ARDOC's responsibilities when conducting PREA administrative investigations. Finally, this auditor reviewed ARDOC's website (**Prison Rape Elimination Act (PREA) - Arkansas Department of Corrections**) and observed their PREA Investigations policy which states, "All allegations of sexual abuse are taken seriously. The ARDOC accepts all reports of sexual abuse or sexual harassment whether made verbally, in writing, anonymously, or from third parties. All allegations will be thoroughly investigated by the PREA Coordinator. There is no time limit on when an incident of sexual abuse or sexual harassment can be reported."

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.222.

115.231	Employee training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.231. Benton Unit (BU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.231. An excerpt states, "*Staff Training shall be tailored to be gender specific to the primary facility of each Staff member. All employees shall receive training annually in the following;*

- i. The DOC's zero-tolerance policy for Sexual Abuse and Sexual Harassment.*
- ii. Their responsibilities of Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures.*
- iii. Offenders' right to be free from Sexual Abuse and Sexual Harassment.*
- iv. The right of Offenders and Staff to be free from Retaliation for reporting Sexual Abuse and Sexual Harassment.*
- v. The dynamics of Sexual Abuse and Sexual Harassment in confinement.*
- vi. The common reactions of Sexual Abuse and Sexual Harassment victims.*
- vii. How to detect and respond to signs of threatened and actual Sexual Abuse.*
- viii. How to avoid inappropriate relationships with Offenders.*
- ix. How to communicate effectively and professionally with an Offender, including LGBTI or GNC Offenders.*
- x. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.231.

While onsite, this PREA auditor interviewed BU's Unit Training Sargent who shared that new hire staff go through two weeks of an "*On the Job Training*" course at the facility as well as four weeks in the *Basic Security Officers Training (BSOT) Academy* where both areas train on PREA. She continued to share that security staff are also required to complete 40 hours of annual training for which PREA is a part of the annual training. All staff are required to complete all web-based or in-person PREA training annually. Non-security staff have an opportunity to participate in annual PREA training which is offered every Wednesday via zoom. BU submitted 18 out of 20 randomly selected PREA Training Acknowledgement Forms for all staff who

	<p>participated in in-person and web-based training for 2024-2025 as verification of employee training. Moreover, this auditor interviewed 20 randomly selected direct supervision staff, specialized, support, volunteer, and contractors. The direct supervision, specialized, volunteers and contractors acknowledged receiving PREA New Hire and/or PREA initial training as well as participating in annual refresher trainings.</p> <p>This auditor also reviewed the classroom in-person Power Point employee training curriculum, the Power-Point volunteer/contractor training curriculum and the RELIAS web-based annual refresher training curriculum. The employee and volunteer Power Point content as well as the web-based training covered the necessary components identified in PREA Standard 115.231 specifically discussing zero tolerance, first responder duties, resident rights, how to detect and respond as well as effectively communicating any incidents of sexual abuse and sexual harassment.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.231.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.232. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.232. An excerpt states, <i>“All Volunteers and Contractors who have contact with Offenders shall be trained annually on the following:</i></p> <ul style="list-style-type: none"> <i>i. The DOC’s policy of zero-tolerance regarding Sexual Abuse and Sexual Harassment and how to report such incidents.</i> <i>ii. Their responsibilities under the DOC’s Sexual Abuse and Sexual Harassment policies and procedures.</i> <p><i>b. Training shall be based on the level and amount of contact the Volunteer or Contractor has with Offenders”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.232.</p>

While onsite, this PREA auditor interviewed WellPath Health Services Administrator, Chaplin and Chaplin volunteer. The HSA acknowledged receiving PREA training and refresher training, however the Chaplains did not have knowledge of PREA training. The Health Services Administrator interviewed was able to thoroughly share her responsibilities if informed, observe, or gain knowledge of sexual abuse or sexual harassment. The Captain shared that they currently do not require contractors who may have minimal/infrequent interaction with residents to review and sign a "PREA Acknowledgement Form" prior to entry into the facility. This auditor shared that the acknowledgement form for infrequent contractors/volunteers is important at the point of entry for each individual to understand their duty if a PREA incident occurred.

Further, this auditor also interviewed the WellPath Health Services Administrator who shared that all WellPath staff undergo PREA training prior to working within the facility. WellPath currently completes mandatory annual PREA training through the WellPath Academy. They submitted all PREA annual training as evidence of compliance.

Additionally, ARDOC's PREA Coordinator submitted the "PREA Contractor/Volunteer Training Power Point" training and "Contractor/Volunteer Acknowledgement Form." The Power Point training had 36 slides that discussed the origins of PREA, protection from retaliation for reporting, the dynamics of sexual abuse in confinement settings, the responsibilities to prevent, detect, report and respond as volunteers/contractors and how to maintain professional communication with residents. The power point training and acknowledgement form covered the components identified in PREA Standard 115.231 and 115.232.

This auditor recommended that BU provide "PREA Training" to all volunteers. This training and its topics/curriculum should be documented, as well as volunteer acknowledgement of attendance. Furthermore, this auditor recommended that BU establish an annual schedule for volunteers and contractor PREA training. Finally, this auditor recommended BU establish a consistent practice of providing PREA training for volunteers and contractors on a regular basis before compliance can be determined. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.232. Corrective action was required.

This auditor recommended that BU provide "PREA Training" to all volunteers. This training and its topics/curriculum should be documented, as well as volunteer acknowledgement of attendance. Furthermore, this auditor recommended that BU establish an annual schedule for volunteers and contractor PREA training. Finally, this auditor recommended BU establish a consistent practice of providing PREA training for volunteers and contractors on a regular basis before compliance can be determined.

This auditor recommended that BU provide "PREA Training" to all volunteers. This training and its topics/curriculum should be documented, as well as volunteer acknowledgement of attendance. Furthermore, this auditor recommended BU establish a consistent practice of providing PREA training for volunteers and

	<p>contractors on a regular basis before compliance can be determined. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.232. Corrective action was required.</p> <p>During Benton Unit's (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and BU's Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU's Chief of Security/PREA Compliance Manager (CS/PCM) submitted their signed "PREA Volunteer Training Sign-In Sheet," (which included the volunteer's ASSIS #) dated 9/13/25. This quarterly training had 13 BU volunteer signatures. BU's Chief of Security/PREA Compliance Manager (CS/PCM) also submitted their "PREA Volunteer Training PowerPoint" curriculum (36 slides), to show the content of the volunteer training. This auditor reviewed the PPT training slides and confirmed that they align with this PREA Standard. Finally, BU's CS/PCM submitted an example "Supervised Volunteer Acknowledgement" form for those infrequent volunteers/contractors to review, acknowledge, and prior to their entry into BU.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.232.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.233. Benton Unit (BU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with 115.233. An excerpts states, <i>"During the intake process and at each facility, each Offender shall receive oral and written information about the DOC's zero-tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment."</i></p> <ol style="list-style-type: none"> 1. <i>Each facility shall provide Offender education in formats accessible to all Offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for Offenders who have limited reading skills. Use of Offender interpreters for assistance in Offender education on aspects of the DOC's efforts to prevent, detect, and respond to Sexual Abuse</i>

and Sexual Harassment shall be prohibited except in circumstances where extended delay in obtaining an effective interpreter could compromise the Offender's safety.

2. *Each facility shall maintain documentation of participation in Offender education.*
3. *Each facility shall ensure that key information is continuously and readily available or visible to Offenders, such as posters and Offender handbook materials that explain the zero-tolerance policy and different ways to report."*

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)" and concluded that it has the necessary language to align with PREA Standard 115.233.

While onsite, this auditor interviewed BU's Captain who leads residents in orientation process once they have completed the medical and new arrival classification process. BU's Captain shared the intake process that occurs within 24 hours after entry into the facility as well as the PREA education content which entailed review of zero tolerance, ways to report, playing of the PREA video, giving the PREA pamphlet but had no "PREA Offender Education Checklist" form. This auditor reviewed the "PREA Benton Unit Education" form which was not aligned with the Arkansas Department of Correction form that the agency currently utilizes for PREA Education.

This auditor interviewed 27 randomly selected BU residents. When this auditor asked each if they received PREA orientation during their intake, 23 out of 27 shared that they did recall receiving PREA education, viewing the video or received PREA information (video or brochure). The 4 out of 27 residents shared that they did recall receiving PREA information, however, did not recall any information extensive enough to remember during the intake process.

Finally, during the onsite review, this auditor observed that BU's PREA posted reporting signage were in English and Spanish. BU also had the PREA videos that were in English and Spanish as well as American Sign Language and Closed Caption as well. ARDOC's PREA Coordinator shared that posters were approximately a 5th grade reading level placed at a height where those physically impaired can view. This was verified by this auditor.

This auditor recommended that, (going forward) newly admitted residents should receive "PREA Information" (at intake) in the following manner and exhibit consistency in practice before compliance can be determined:

1. BU assigned intake staff should show the residents the updated "PREA Education Video" (5-minutes long); then
2. BU's assigned intake staff should read the "PREA Offender Education Checklist" to residents and have the residents initial each section (to ensure understanding throughout, ask residents if they understand and if they have any additional questions).

Staff should also share resident access to the *“Arkansas Commission on Law Enforcement Standards and Training” (CLEST)*. CLEST is ARDOC’s collaborative external reporting entity, who receives resident reports of sexual abuse. Residents should be informed about this avenue for reporting, how to access it and that it is treated as legal mail (if the resident wishes to be anonymous does not have to put their name or ID on the letter). They should also be told about victim advocacy, who the BU victim advocates are, their role and their purpose; then

3. Have each resident sign the acknowledgement at the bottom of the *“PREA Offender Education Checklist.”*

4. Properly file the *“PREA Offender Education Checklist”* as evidence of compliance

This auditor also recommended that BU establish consistency in practice of providing the above recommendations, before compliance can be determined with this PREA Standard. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.233. Corrective action was required.

During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to see the *“PREA Offender Education Checklist,”* of every resident admitted since the conclusion of BU’s onsite audit through 10/31/25, to verify that BU provided *“PREA Refresher Education”* to BU’s residents. BU’s CS/PCM submitted 95 initialed, acknowledged, and signed *“PREA Offender Education Checklist”* (PREA Resident Comprehensive Education), as evidence of providing *“PREA Refresher Education”* to BU’s residents. BU’s *“PREA Offender Education Checklist”* entailed education on BU’s zero tolerance policy, residents rights to be free from sexual abuse and harassment, multiple ways to report at BU, external reporting through *Arkansas Commission on Law Enforcement Standards and Training (CLEST)*, Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as who are BU’s staff victim advocates, their purpose, and how to access BU’s victim advocates.

Additionally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted a *“Memo”* sharing BU’s revised/updated PREA Education/PREA Screening procedures which states,

“Going forward, newly admitted inmates should receive the following information at intake:”

- *PREA Intake Video (4-6 minutes)*
- *Give each inmate the “End the Silence” pamphlet*
- *Have inmates sign the “Benton Unit Inmate Orientation” acknowledgement form*

	<ul style="list-style-type: none"> • Properly file the documentation <p>Medical Responsibilities:</p> <ul style="list-style-type: none"> • Upon intake, medical will do the initial PREA Risk Screening <p>Classification Responsibilities:</p> <ul style="list-style-type: none"> • Inmates that have transferred to Benton Unit will receive a PREA Rescreening 21-30 days. Upon intake, • The PREA Video will be played 3 times a day: 6:30am, 12:30pm, and 6:30pm <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.233.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.234. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.234. An excerpt states, <i>“All employees who conduct Sexual Abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include:</i></p> <ol style="list-style-type: none"> <i>a. Interviewing techniques for Sexual Abuse Victims.</i> <i>b. Proper use of Miranda and Garrity warnings.</i> <i>c. Sexual Abuse evidence collection in confinement settings.</i> <i>d. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.”</i> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.234.</p> <p>While onsite, this auditor also interviewed 3 BU Administrative PREA Investigators assigned to investigations. This auditor shared a scenario of a resident being</p>

sexually assaulted in the shower, and asked, *“What is the PREA Investigator’s coordinated responsibilities?”* All investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Finally, this auditor reviewed *“ARDOC’s Coordinated Response Plan,”* which aligned with ARDOC’s PREA Investigator’s interview responses.

Furthermore, BU’s investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all 4 PREA investigator’s training transcript/report submitted by BU’s PREA Compliance Manager. These training transcripts/reports verified the specialized training all ARDOC PREA investigators received training through ARDOC’s 3-day (24 hours) *“Sexual Assault Investigation’s Training.”* This PREA auditor also reviewed ARDOC’s 6 module *“Sexual Abuse Investigator’s Training (SAIT)”* in OAS, as evidence of compliance. All modules covered the necessary topics related to PREA’s investigation standards. The modules topics are as follows:

1. *Legal Issues and Liability*
2. *PREA Standards for Investigations*
3. *1st Responder Duties*
4. *Medical & Mental Health Care*
5. *Evidence Collection and*
6. *PREA Investigations: “Adult Interviewing and Report Writing.”*

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.234.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.235. Benton Unit (BU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” #1D-03</i> as evidence of compliance with PREA Standard 115.235. An excerpt states, <i>“All full and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training on the following:</i></p> <p style="padding-left: 40px;"><i>a. How to detect and assess signs of Sexual Abuse and Sexual Harassment.</i></p>

b. How to preserve physical evidence of Sexual Abuse.

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

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.235.

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

Furthermore, WellPath’s HSA submitted WellPath Academy’s specialized training for medical and mental health staff titled, “*Medical Specialized Training for PREA*” & “*Mental Health Specialized Training for PREA,*” as evidence of compliance. This auditor reviewed the training content which WellPath utilizes to specialize train medical and mental health staff. This training has all the components to align with this 115.35 PREA Standard. The curriculum is estimated to be 35 minutes in length and provides comprehensive education on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims and how and whom to report allegations or suspicions of sexual abuse and harassment. However, during this auditor’s interview with WellPath’s HSA, she had not yet taken the course and was unable to provide documentation/evidence of medical or mental health contracted staff receiving WellPath Academy’s specialized training.

This auditor recommended that all BU medical and mental health staff participate in WellPath’s “*Medical Specialized Training for PREA*” or “*Mental Health Specialized Training for PREA,*” and provide documentation of attendance. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.235. Corrective action was required.

During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator developed/created a PREA specialized Power Point training, addressing the Medical and Mental Health role when working with inmates in confinement settings. ARDOC’s Medical and Mental Health contractor Wellpath, made this training a part of their required “Wellpath Academy” annual online trainings. ARDOC’s PREA Coordinator This auditor reviewed the PPT trainings titled, “*ARDOC Medical Specialized Training for PREA*” and “*ARDOC Mental Health*

	<p><i>Specialized Training for PREA.”</i></p> <p>This auditor reviewed both trainings whose components align with PREA Standard 115.35. The curriculum contains 35 slides for Medical staff and 29 slides for the Mental Health staff, focused on 1) how to detect and assess signs of sexual abuse and harassment, 2) how to preserve physical evidence, 3) how to respond effectively and professionally to victims, and 4) how and whom to report allegations or suspicions of sexual abuse and harassment. Finally, GU’s Deputy Warden/PCM submitted “<i>Certificates of Completion</i>” of 7 GU Medical 1 GU Mental Health staff having completed “<i>ARDOC Medical Specialized Training for PREA</i>” and “<i>ARDOC Mental Health Specialized Training for PREA.</i>”</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.235.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.241. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.241. An excerpt states, “<i>Each Offender shall be assessed during the intake screening within seventy-two (72) hours of arrival and upon each transfer to another facility. Each objective risk screening shall be face to face and include a review of any history of Sexual Abuse-Victimization or sexually predatory behavior. Only Staff who have completed PREA screening training may administer the assessment.</i></p> <p><i>The assessment report shall be completed in the Electronic Offender Management Information System (eOMIS). The PREA screening shall consider, at a minimum, the following criteria to assess an Offender for risk of sexual victimization:</i></p> <ul style="list-style-type: none"> <i>a. Whether the Offender has a mental, physical, or developmental disability;</i> <i>b. The age of the Offender;</i> <i>c. The physical build of the Offender;</i> <i>d. Whether the Offender has previously been incarcerated;</i> <i>e. Whether the Offender’s criminal history is exclusively nonviolent;</i>

- f. Whether the Offender has prior convictions for sex offenses against an adult or child;
- g. Whether the Offender is or is perceived to be LGBTI or GNC;
- h. Whether the Offender has previously experienced sexual Victimization; and
- i. The Offender's own perception of vulnerability.."

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

While on site, this auditor interviewed the Captain/PREA Compliance Manager who shared that after the completion of the intake process when residents have received PREA orientation, the resident is brought to the Classification Officer or Captain in order to complete the PREA Risk Screening tool in a private setting. Based on the outcome of the screening, the resident is then sent to the barracks.

Additionally, while onsite, this auditor requested to see a random selection of 27 resident "PREA Risk Screenings" in "eOmis." BU submitted 14 screening verifications as evidence of completion. This auditor also interviewed a random selection of BU residents. This auditor asked each if they recalled being asked specific screening questions when they arrived (this auditor detailed the specific questions that were asked). There were 24 out of the 27 interviewed residents who shared that they did recall being asked those specific screening questions during the intake process. There were 14 out of the 23 interviewed residents who shared that they recall being asked these similar screening questions again (30-day Reassessments). The additional four residents came within the 30-day period.

When this auditor asked BU's Captain about BU's "30-day PREA Risk Screening Reassessments," he shared that "30-day PREA Risk Screening Reassessments" for residents are currently being completed. Some 30-day assessments were completed within the allotted timeframe while others were outside the 30-day window.

Furthermore, this auditor reviewed the PREA Risk Screening tool in ARDOC's "eOmis" system (electronic offender management system). After combing through the risk assessment tool, this auditor observed that any resident who states "yes" to the question asking if the resident have a history of sexual victimization (with an identified date documented in the system), they are automatically identified as "high risk of victimization" by the system. However, when any resident states "yes" to the question asking if the resident have a history of sexual abusiveness/perpetration, they are not automatically identified as "high risk of abusiveness/perpetration" by the system. The system requires two additional categorical question boxes to be checked "yes" before the screened resident would be identified as "high risk of abusiveness/perpetration."

During this auditor's debriefing meeting with BU on the final day of this onsite audit, this auditor recommended that ARDOC calibrate their "PREA Risk Screening" tool in "eOmis" to have the threshold which identifies a resident's "risk of abusiveness/

perpetration” align with the threshold which identifies a resident’s “risk of victimization.” Shortly thereafter, ARDOC’s PREA Coordinator submitted a work order to their contractor which manages ARDOC’s “eOmis” system to adjust the “risk of abusiveness/perpetration” section of ARDOC’s PREA Risk Screening Tool. On 5/1/25, ARDOC’s PREA Coordinator sent this auditor video evidence showing that ARDOC’s contractor who manages their “eOmis” system made the calibration corrections to their PREA Risk Screening Tool.

This auditor recommended that BU complete “30-day PREA Risk Reassessments” on all residents who have been residing at BU for 21 or more days and have not received a “30-day PREA Risk Reassessment.” Those residents who have been at BU less than 21 should have received an “Initial PREA Risk Screening” during the intake process, then receive a “30-day PREA Risk Reassessment” within 21-30 days. Additionally, this auditor recommended that BU establish a documented system that ensures that all BU residents receive “30-day PREA Risk Screening Reassessments” within 30-days of their intake to BU. Finally, this auditor recommended BU establish a consistency in practice of conducting “30-day PREA Risk Screening Reassessments” (and other warranted “PREA Risk Screening Reassessments” based upon any additional, relevant information received by the facility since the resident’s intake screening) before compliance can be concluded. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.241. Corrective Action was required.

During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested to see the “30-Day PREA Risk Reassessments,” of every resident admitted between 10/06/25 through 11/06/25, to verify that BU provided “30-Day PREA Risk Reassessments,” to BU’s residents residing at least 30 days. BU had 13 intakes between the above requested sample window. ARDOC’s PREA Coordinator and BU’s CS/PCM submitted 13 documented and completed “30-Day PREA Risk Reassessments,” as evidence of providing timely “30-Day PREA Risk Reassessments” to BU’s residents.

Additionally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted a “Memo” sharing BU’s revised/updated PREA Education/PREA Screening procedures which states, “Going forward, newly admitted inmates should receive the following information at intake:”

- *PREA Intake Video (4-6 minutes)*
- *Give each inmate the “End the Silence” pamphlet*
- *Have inmates sign the “Benton Unit Inmate Orientation” acknowledgement form*
- *Properly file the documentation*

	<p>Medical Responsibilities:</p> <ul style="list-style-type: none"> • Upon intake, medical will do the initial PREA Risk Screening <p>Classification Responsibilities:</p> <ul style="list-style-type: none"> • Inmates that have transferred to Benton Unit will receive a PREA Rescreening 21-30 days. Upon intake, • The PREA Video will be played 3 times a day: 6:30am, 12:30pm, and 6:30pm <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.241.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.242. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.242. An excerpt states, <i>“If an Offender scores “at risk” for victimization, the designated Staff shall label them as Victim Prone in eOMIS.</i></p> <p><i>If an Offender scores “at risk” for abusiveness, the designated staff shall label them as a Potential Sexual Predator in eOMIS.</i></p> <p><i>The information from the PREA screening shall be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those Offenders who are prone to sexual Victimization from those who are prone to sexual aggression. The facility PCM is responsible for ensuring such separation.</i></p> <p><i>Placement decisions regarding Transgender and Intersex Offenders shall be individualized.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02),” concluding that it has the necessary language to align with PREA Standard 115.242.</p> <p>While on site, this auditor interviewed the Captain/PREA Compliance Manager who shared that after the completion of the intake process when residents have received PREA orientation, the resident is brought to the Intake Sargent or Captain to</p>

complete the PREA Risk Screening tool in a private setting. Based on the outcome of the screening, the resident is then sent to the barracks.

Additionally, while onsite, this auditor interviewed BU's Chief of Security/PREA Compliance Manager, he shared that he is the primary one that completes the screenings along with the Classification Officer. During the time of the audit, BU's Captain/PREA Compliance Manager shared that BU considers the PREA Risk Screening status when placing residents into the open housing barracks, bunk assignments, work, and education programming. He further shared that if a resident was "victim prone" they would be placed nearest a camera, or/and on a top bunk to ensure visual access. Within the program at BU, if a resident has a history of sexual perpetration or a PREA history in another facility, they would not be accepted into the program. If a resident is identified as "high risk of abusiveness/perpetration" they would likely be transferred to another facility that could provide the necessary supervision required.

Furthermore, while onsite, this auditor requested to see a random selection of 27 resident "PREA Risk Screenings" in "eOmis." BU submitted 14 screening verifications as evidence of completion. This auditor also interviewed a random selection of BU residents. This auditor asked each if they recalled being asked specific screening questions when they arrived (this auditor detailed the specific questions that were asked). There were 24 out of the 27 interviewed residents who shared that they did recall being asked those specific screening questions during the intake process. There were 14 out of the 23 interviewed residents who shared that they recall being asked these similar screening questions again (30-day Reassessments). The additional four residents arrived within the 30-day period.

When this auditor asked BU's Captain about BU's "30-day PREA Risk Screening Reassessments," he shared that "30-day PREA Risk Screening Reassessments" for residents are currently being completed.

This auditor asked the 27 interviewed residents about transgender/intersex residents within the facility at the time of this onsite audit. Each of the 27 residents shared that they did not know of any Transgender or Intersex residents at BU. This auditor did not observe any LGBTI-specific bed assignments or programs during this auditor's exhaustive site review. Finally, this auditor asked BU's Deputy Warden and Captain/PCM if transgender resident's own perception of their safety is taken into serious consideration. Each stated that safety is a priority at BU and any mistreatment by other residents and/or staff can result in disciplinary action.

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.242.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.251. Benton Unit (BU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" as evidence of compliance with PREA Standard 115.251. An excerpt states, "*Offenders may report Sexual Abuse and Sexual Harassment, Retaliation by other Offenders or Staff, and Staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:*

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

b. Telling any Staff member;

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

d. Sending correspondence to the PREA Coordinator;

e. Sending correspondence to the designated external agency;

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

g. Utilizing the Offender Grievance Procedure; or

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

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

This auditor reviewed "ARDOC's Secretarial Directive (2024-02)," concluding that it has the necessary language to align with PREA Standard 115.251.

While onsite, this PREA auditor interviewed a random selection of 27 BU residents asking, "*Please share with me at least four different ways a resident can report an incident of sexual abuse or sexual harassment here at BU?*" There were 6 of 27 who shared 4 various ways, 10 out of 27 could share 3 various ways to report and 11 out of 27 reported fewer than 2 ways to report. Many of the 27 total residents interviewed stated different staff names to report versus various reporting avenues/ ways to report at BU. When this auditor asked the 27 interviewees about an external way for a resident to report and anonymously, 0 out of the 27 reported they could report to the "*Arkansas Commission on Law Enforcement Standards and Training (CLEST).*"

This auditor also reviewed ARDOC's Memorandum of Understanding (MOU) with

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

Finally, when this auditor conducted an exhaustive site review/site review/tour, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish. This auditor did observe BU’s “CLEST” reporting signage on the walls in some but not all resident areas in English only.

This auditor recommended that BU post “CLEST” *“Arkansas Commission on Law Enforcement Standards and Training”* signage near all resident telephones in both Spanish and English. Additionally, this auditor recommended that all current BU residents receive in-person *“Refresher Education”* regarding residents’ ways to report: **1)** PREA Hotline, **2)** Report to Staff, **3)** 3rd Party Reports, **4)** Report through a Grievance, **5)** Report through medical/mental health request, **6)** Report through resident tablet (if available), and **7)** BU’s external confidential reporting access through CLEST. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.251. Corrective Action was required.

During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence of *“PREA Reporting Signage”* and *CLEST Signage* in English and Spanish, as well as next to each resident phones throughout buildings #58, #59, and #62.

This auditor requested to see the *“PREA Offender Education Checklist,”* of every resident admitted since the conclusion of BU’s onsite audit through 10/31/25, to verify that BU provided *“PREA Refresher Education”* to BU’s residents. BU’s CS/PCM submitted 95 initialed, acknowledged, and signed *“PREA Offender Education Checklist”* (PREA Resident Comprehensive Education), as evidence of providing *“PREA Refresher Education”* to BU’s residents. BU’s *“PREA Offender Education Checklist”* entailed education on BU’s zero tolerance policy, residents rights to be free from sexual abuse and harassment, multiple ways to report at BU, external reporting through *Arkansas Commission on Law Enforcement Standards and Training (CLEST)*, Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as who are BU’s staff victim advocates, their purpose, and how to access BU’s victim advocates.

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.251.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1481 792">This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.252. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.252. An excerpt states, <i>“Offenders may report Sexual Abuse and Sexual Harassment, Retaliation by other Offenders or Staff, and Staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:</i></p> <ul data-bbox="280 833 1439 1491" style="list-style-type: none"> <li data-bbox="280 833 1382 909"><i>a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i> <li data-bbox="280 945 699 981"><i>b. Telling any Staff member;</i> <li data-bbox="280 1016 995 1052"><i>c. Writing a note or request to any Staff member;</i> <li data-bbox="280 1088 1043 1124"><i>d. Sending correspondence to the PREA Coordinator;</i> <li data-bbox="280 1160 1187 1196"><i>e. Sending correspondence to the designated external agency;</i> <li data-bbox="280 1232 1439 1308"><i>f. Sending confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated as legal mail;</i> <li data-bbox="280 1344 989 1379"><i>g. Utilizing the Offender Grievance Procedure; or</i> <li data-bbox="280 1415 1426 1491"><i>h. Having a family member or friend make a report to the Warden or DOC PREA Coordinator.</i> <p data-bbox="280 1527 1458 1648"><i>An Offender may report a sexual offense to any Staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously, or via a third party.”</i></p> <p data-bbox="280 1684 1468 1760">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.252.</p> <p data-bbox="280 1796 1455 2087">While onsite, this auditor interviewed BU’s Captain/PREA Compliance Manager and the Grievance Officer who shared that the grievance box is checked daily. The Grievance Officer further shared that he and the Deputy Warden are the only BU staff who have access to the “Grievance Box.” If a PREA related grievance is received, it is responded to immediately as opposed to going through a “problem solver” and the steps to address the resident’s concern as a part of their normal grievance process. This auditor observed three “Grievance Boxes” on campus that</p>

were accessible to residents in their dayroom areas. This auditor placed a “test grievance request” in the box to observe the time required to respond to a resident grievance request. The Grievance Officer called promptly the same day stating receipt of the grievance. During interviews with direct care staff, only 3 out of 10 stated that filing a PREA incident through grievance is a reporting avenue for residents. Staff needed clarity regarding how to handle a PREA emergency grievance.

Additionally, while onsite, this PREA auditor interviewed a random selection of 27 BU residents asking, “Please share with me at least four different ways a resident can report an incident of sexual abuse or sexual harassment here at BU?” There were 6 of 27 who shared 4 various ways, 10 out of 27 could share 3 various ways to report and 11 out of 27 reported fewer than 2 ways to report. Many of the 27 total residents interviewed stated different staff names to report versus various reporting avenues/ways to report at BU. When this auditor asked the 27 interviewees the purpose of the “Grievance Box,” each resident shared that the “Grievance Box” is a 2-step informal and formal process for residents and staff to remedy unfair treatment. There were only 3 out of the 27 residents shared that the “Grievance Box” was an avenue to report PREA incidents.

This auditor recommended BU provide “Refresher Education” to all residents focused on the purpose of grievances, reporting PREA grievances, the process of reporting PREA grievances, how to access grievances, who is responsible for retrieving grievances, and that PREA grievances are handled as emergency grievances and are immediately investigated upon receipt. This should be documented through resident signatures and submitted electronically. This auditor also recommended that BU staff receive “Refresher Training” regarding ARDOC’s Grievance Policy, staff’s responsibilities regarding PREA grievances (emergency grievances), and the steps that are taken to address those grievances. This should be documented through staff signatures and submitted. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.252. Corrective Action was required.

During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence of “PREA Reporting Signage” and CLEST Signage in English and Spanish, as well as next to each resident phones throughout buildings #58, #59, and #62.

This auditor requested to see the “PREA Offender Education Checklist,” of every resident admitted since the conclusion of BU’s onsite audit through 10/31/25, to verify that BU provided “PREA Refresher Education” to BU’s residents. BU’s CS/PCM submitted 95 initialed, acknowledged, and signed “PREA Offender Education Checklist” (PREA Resident Comprehensive Education), as evidence of providing “PREA Refresher Education” to BU’s residents. BU’s “PREA Offender Education

	<p><i>Checklist</i>” entailed education on BU’s zero tolerance policy, residents rights to be free from sexual abuse and harassment, multiple ways to report at BU, external reporting through <i>Arkansas Commission on Law Enforcement Standards and Training (CLEST)</i>, Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as who are BU’s staff victim advocates, their purpose, and how to access BU’s victim advocates.</p> <p>Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted 29 staff signed <i>“PREA Training Acknowledgement Forms,”</i> as evidence of all BU staff receiving grievance procedures training. Additionally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, which discussed the difference between PREA grievances and general grievances, PREA emergency grievances, and immediately reporting PREA grievances for investigation.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.252.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.253. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.253. An excerpt states, <i>“Victim Advocacy Training - Employees designated to provide victim advocacy for Offenders when a community-based organization is not available must receive approved training as indicated for Victim advocates.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.253.</p> <p>This auditor also reviewed ARDOC’s Coordinated Response Plan which states, <i>“If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization, a DOC staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews. Their role is to provide emotional support, crisis intervention services, information, and referrals. Please contact your facility PCM for a list of qualified agency staff members.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and “Coordinated Response Plan” concluding that they have the necessary language to align with</p>

PREA Standard 115.253.

While onsite, this auditor interviewed BU's Captain/PREA Compliance Manager who shared that they had not identified staff victim advocates and did not have an active MOU to provide Victim Advocacy services to current residents. This auditor discussed the purpose, role and importance of having victim advocates available to residents for both emotional support and support for sexual abuse victims as outlined in PREA Standard 115.253.

Additionally, this auditor interviewed a random selection of 27 BU residents. When this auditor asked about their knowledge of victim advocacy services provided for residents at BU, 0 out of the 27 residents were unaware that BU's victim advocates are for resident victims of sexual abuse and emotional support for all BU residents. They also didn't know about their role, purpose as advocates and how to access them if they are needed.

During this auditor's debriefing meeting on the final day of BU's onsite audit, this auditor recommended that BU identify staff that would become victim advocates and go through the 4-hour training provided by ARDOC's PREA Coordinator. BU submitted the certificates of three staff members who completed ARDOC's "*Sexual Assault Victim Advocacy Training*" on 3/18/25.

This auditor recommended that BU provide "*Refresher Training*" to BU staff regarding BU's staff victim advocates. Staff trained should be made aware of who BU's victim advocates are, their purpose, and how residents can access them if needed. This auditor also recommended that all BU residents receive "*Refresher Education*" focused on who the BU victim advocates are, their role and purpose, and how to access them if needed. Residents should be aware that BU's specialized trained Victim Advocate provides victim advocacy and emotional support to all BU residents. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.253. Corrective action was required.

During Benton Unit's (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and BU's Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU's Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence of "*PREA Reporting Signage*" and *CLEST Signage* in English and Spanish, as well as next to each resident phones throughout buildings #58, #59, and #62.

This auditor requested to see the "*PREA Offender Education Checklist*," of every resident admitted since the conclusion of BU's onsite audit through 10/31/25, to verify that BU provided "*PREA Refresher Education*" to BU's residents. BU's CS/PCM submitted 95 initialed, acknowledged, and signed "*PREA Offender Education Checklist*" (PREA Resident Comprehensive Education), as evidence of providing "*PREA Refresher Education*" to BU's residents. BU's "*PREA Offender Education Checklist*" entailed education on BU's zero tolerance policy, residents rights to be free from sexual abuse and harassment, multiple ways to report at BU, external

	<p>reporting through <i>Arkansas Commission on Law Enforcement Standards and Training (CLEST)</i>, Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as who are BU’s staff victim advocates, their purpose, and how to access BU’s victim advocates.</p> <p>Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted 29 staff signed “<i>PREA Training Acknowledgement Forms</i>,” as evidence of all BU staff receiving victim advocacy training. Additionally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, which discussed who are BU’s staff victim advocates, their purpose, how to access BU’s victim advocates on behalf of a BU resident.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.253.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.254. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.254. An excerpt states, “<i>Offenders may report Sexual Abuse and Sexual Harassment, Retaliation by other Offenders or Staff, and Staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:</i></p> <ul style="list-style-type: none"> <i>a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;</i> <i>b. Telling any Staff member;</i> <i>c. Writing a note or request to any Staff member;</i> <i>d. Sending correspondence to the PREA Coordinator;</i> <i>e. Sending correspondence to the designated external agency;</i> <i>f. Sending confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated as legal mail;</i> <i>g. Utilizing the Offender Grievance Procedure; or</i>

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

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.254.

This auditor also reviewed the third-party reporting option for contracted ARDOC facilities through the ARDOC’s website (Prison Rape Elimination Act (PREA) - Arkansas Department of Corrections) which states, “*If you wish to report an alleged incident of sexual assault, sexual abuse, sexual misconduct or sexual harassment on behalf of an offender you may:*

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

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

AR DOC Facilities

Report by mail:

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

Report by phone:

Fill out the form below:

PREA Reporting Form...”

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

While on site, this auditor interviewed a random selection of 27 residents, asking of ways a BU resident could report sexual abuse or sexual harassment. There were only 7 out of 27 who responded that they could report through a 3rd Party. This auditor also reviewed BU’s “*End the Silence*” PREA pamphlet, which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting resident).

This auditor recommended that BU residents receive documented “*Refresher Education*” focused on 3rd party reporting, who are 3rd party reporters and how a 3rd party reporter could submit a PREA report on behalf of a resident. This “*Refresher Education*” should be documented with signatures of residents and submitted for verification of compliance. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.254. Corrective action was required.

	<p>During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted photo evidence of “PREA Reporting Signage” and CLEST Signage in English and Spanish, as well as next to each resident phones throughout buildings #58, #59, and #62.</p> <p>This auditor requested to see the “PREA Offender Education Checklist,” of every resident admitted since the conclusion of BU’s onsite audit through 10/31/25, to verify that BU provided “PREA Refresher Education” to BU’s residents. BU’s CS/PCM submitted 95 initialed, acknowledged, and signed “PREA Offender Education Checklist” (PREA Resident Comprehensive Education), as evidence of providing “PREA Refresher Education” to BU’s residents. BU’s “PREA Offender Education Checklist” entailed education on BU’s zero tolerance policy, residents rights to be free from sexual abuse and harassment, multiple ways to report at BU, external reporting through <i>Arkansas Commission on Law Enforcement Standards and Training (CLEST)</i>, Grievance reporting, 3rd Party Reporting, PREA allegations will be investigated, as well as who are BU’s staff victim advocates, their purpose, and how to access BU’s victim advocates.</p> <p>Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted 29 staff signed “PREA Training Acknowledgement Forms,” as evidence of all BU staff receiving grievance procedures training. Additionally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, which discussed the importance of 3rd party reporting, who are 3rd party reporters, and ways third party reporters can report on behalf of a BU resident for investigation.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.254.</p>
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115.261	<p>Staff and agency reporting duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.261. Benton Unit (BU) submitted their Arkansas Department of Correction’s Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.261. An excerpt states, “<i>Staff members shall immediately report all knowledge, suspicions,</i></p>
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or information of an incident of a sexual offense within DOC or any other correctional facility. They shall also report any Retaliation against someone who has reported such an incident and any knowledge of Staff who neglect to report the above incidents or who, through neglect of duty or violation of responsibilities, may have contributed to an incident occurring. Staff can privately report Offender Sexual Abuse and Sexual Harassment directly to the warden or deputy warden of the facility, or by contacting the PREA Hotline.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.261.

While onsite, this auditor also interviewed 20 randomly selected BU specialized staff, direct supervision staff, volunteers, and contractors. Each knew their duty to immediately report if they are informed, suspects, receive information, or become aware of sexual abuse at BU. Finally, this auditor interviewed 27 randomly selected residents. Each interviewed resident shared that staff immediately respond to reports of sexual abuse or sexual harassment. Finally, this auditor reviewed ARDOC’s website and Coordinated Response Plan, which provided information to residents on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential reporting.

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.261.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.262. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.262. An excerpt states, <i>“If at any time it is learned that an Offender is subject to a substantial risk of imminent Sexual Abuse, immediate action shall be taken to protect the Offender.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.262.</p> <p>While onsite, this auditor also interviewed 20 randomly selected BU specialized staff, direct supervision staff, volunteers and contractors, asking the question, <i>“If you learn that a resident may be at imminent risk of sexual abuse, what steps</i></p>

	<p><i>would you take to protect?”</i> There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff/BU’s PREA Compliance Manager, recommending changing bed assignments or programming adjustments. Finally, this auditor interviewed 27 randomly selected residents. Each interviewed resident shared that staff protect vulnerable residents, and they immediately respond to any reports of resident risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.262.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.263. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.263. An excerpt states, <i>“Within seventy-two (72) hours of receiving an allegation that an Offender was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the incident occurred.</i></p> <p><i>The notification shall be documented. All allegations received from other facilities shall be investigated in accordance with the PREA Standards. The incident report and investigation shall be completed by the facility where the incident occurred.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.263.</p> <p>While on site, this auditor interviewed BU’s Deputy Warden and asked if BU received any reports from residents within the last 12 months. He shared that BU had not received any reports from their residents of sexual abuse from any previous facilities. BU’s Deputy Warden shared the procedures regarding their reporting process if a report of sexual abuse came from a resident regarding another facility and that BU’s specialized trained PREA Investigators will provide support to the previous facility investigators throughout the investigation if such a report was received. BU’s Deputy Warden demonstrated understanding of the process. This auditor discussed the timeline if a BU resident reports sexual abuse that occurred at a previous facility and that BU is responsible to provide a written notice to the facility within 72 hours by either himself or the designee.</p>

	<p>BU submitted a fillable template memo that ARDOC utilizes to “<i>Report to Other Confinement Facility</i>” in OAS as evidence of compliance. This template memo aligns with PREA Standard 115.263. This memo can be used by BU’s Deputy Warden and to inform other confinement facility heads of sexual abuse incidents which occurred at a previous confinement facility and was reported by a BU resident. Finally, this auditor interviewed 27 randomly selected residents. Each interviewed resident shared they have not reported or have been informed by another resident that they were a victim of unreported sexual abuse at a previous facility.</p> <p>This PREA auditor concludes that the Benton Unit (BU) is in compliance with PREA Standard 115.263.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.264. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.264. An excerpt states, “<i>Upon learning that an Offender was sexually abused, the Staff member shall immediately ensure the safety of the Victim while reporting the information to the shift supervisor. The shift supervisor shall activate the Coordinated Response Plan and ensure the following steps have been taken:</i></p> <ul style="list-style-type: none"> <i>a. The separation of the Victim and Perpetrator.</i> <i>b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.</i> <ul style="list-style-type: none"> <i>i. The only persons permitted to enter a secured crime scene shall be Arkansas State Police, the assigned investigator, or medical Staff as needed.</i> <i>ii. The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.</i> <i>c. If the abuse occurred within the previous ninety-six (96) hours, request that the Victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;</i> <i>d. If the abuse occurred within the previous ninety-six (96) hours, ensure that the</i>

Perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.264.

While onsite, this auditor interviewed a random selection of 10 BU security supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Five out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Five out of 10 interviewed security supervision staff were able to share their crime scene preservation duties and their duties to preserve usable evidence without this auditor’s prompt. Many staff required this auditor’s prompting when discussing crime scene preservation in terms of encouraging victims not to change clothing, use the toilet, brush teeth, or shower, as well as requesting perpetrators not to change clothing, use the toilet, brush teeth, or shower. Finally, this auditor reviewed BU’s training curriculum, which contained all the first responder duty deliverables (which includes crime scene preservation/preserving usable evidence) within its content.

This auditor recommended BU conduct a “*Refresher Training*” to all BU staff focused on “*Crime Scene Preservation and Preserving Usable Evidence,*” as well as their “*First Responder Duties.*” This training should include staff understanding their duties to separate the alleged victim from the abuser, preserving the crime scene suggesting the victim not to change their clothing, use the toilet, or shower, requesting the victim not to change their clothing, use the toilet, or shower to preserve usable evidence. Training should be documented and acknowledged with staff signatures as verification of compliance. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.264. Corrective action was required.

During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted 29 staff signed “*PREA Training Acknowledgement Forms,*” as evidence of all BU staff receiving grievance procedures training. Additionally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum discussed the various components of 1st Responder Duties, procedures for 1st Responder staff, as well as crime scene preservation procedures for usable evidence in investigations.

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.264.

115.265	Coordinated response
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 875">This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.265. Benton Unit (BU) submitted their “Arkansas Department of Corrections Coordinated Response Plan (24 pages)” as evidence of compliance with PREA Standard 115.265. The coordinated response spells out each ARDOC staff, contractor, community hospital and related agency’s roles in responding to ARDOC resident sexual abuse. An excerpt states, <i>“Updates to the PREA Coordinated Response Plan must be approved by the DOC PREA Coordinator. Any revisions not approved by the DOC PREA Coordinator will be violating Secretarial Directive 2024-02. For update inquiries, please email DOCPREASUPERVISOR@doc.arkansas.gov.”</i></p> <p data-bbox="280 913 1469 987">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.265.</p> <p data-bbox="280 1025 1442 1227">While onsite, this auditor interviewed 7 specialized staff (medical, facility supervisory, PREA Compliance Manager, Investigators, etc.) and asked their coordinated responsibilities if a resident is sexually abused while they are on duty (not the 1st Responder) and an active sexual abuse incident occurred. Each specialized staff and contractor staff knew their coordinated responsibilities.</p> <p data-bbox="280 1265 1481 1845">While onsite, this auditor interviewed a random selection of 10 BU security supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Five out of 10 knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Five of 10 interviewed security supervision staff were able to share their crime scene preservation duties and their duties to preserve usable evidence without this auditor’s prompt. Many staff required this auditor’s prompting when discussing crime scene preservation in terms of encouraging victims not to change clothing, use the toilet, brush teeth, or shower, as well as requesting perpetrators not to change clothing, use the toilet, brush teeth, or shower. Finally, this auditor reviewed BU’s training curriculum, which contained all the first responder duty deliverables (which includes crime scene preservation/preserving usable evidence) within its content.</p> <p data-bbox="280 1883 1477 2085">This auditor recommended BU conduct a <i>“Refresher Training”</i> to all BU staff focused on <i>“Crime Scene Preservation and Preserving Usable Evidence,”</i> as well as their <i>“First Responder Duties.”</i> This training should include staff understanding their duties to separate the alleged victim from the abuser, preserving the crime scene suggesting the victim not to change their clothing, use the toilet, or shower,</p>

	<p>requesting the victim not to change their clothing, use the toilet, or shower to preserve usable evidence. Training should be documented and acknowledged with staff signatures as verification of compliance. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.265. Corrective action was required.</p> <p>During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) submitted 29 staff signed “PREA Training Acknowledgement Forms,” as evidence of all BU staff receiving grievance procedures training. Additionally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum discussed the various components of 1st Responder Duties, procedures for 1st Responder staff, as well as crime scene preservation procedures for usable evidence in investigations.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.265.</p>
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<p>115.266</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.266.</p> <p>This PREA Auditor did not receive any pre-audit documents by Benton Unit (BU), to be reviewed to determine compliance with Standard 115.266. This PREA Auditor interviewed ARDOC Secretary (Agency Head), ARDOC Chief of Staff (Designee), ARDOC’s PREA Coordinator and the Deputy Warden of BU. Each individually affirmed that Arkansas is not a union state, and ARDOC is not a union agency. They further shared that ARDOC and BU have not engaged in collective bargaining on their agency’s behalf or renewed any collective bargaining agreement or other agreement. Additionally, during this auditor’s interview with 7 randomly selected specialized and 10 direct supervision staff members, they were asked if they were union employees and all employees stated that they were non-union employees.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.266.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1484 792">This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.267. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.267. An excerpt states, <i>“Retaliation by or against any Staff, Offender, or witness involved in a complaint or report of Sexual Abuse or Sexual Harassment is strictly prohibited. Retaliation, in and of itself, shall be investigated and may constitute grounds for disciplinary action.</i></p> <ol data-bbox="341 860 1471 1312" style="list-style-type: none"> 1. <i>The PCM at each facility shall be responsible for monitoring Retaliation.</i> 2. <i>Monitoring shall occur for at least ninety (90) days following an allegation of Sexual Abuse or Sexual Harassment. Monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need. Monitoring shall cease if the investigation determines that the allegation is Unfounded.</i> 3. <i>When monitoring Offenders, periodic status checks shall be conducted by the PCM as needed, but at least once every thirty (30) days. Status checks shall be conducted more often if concerns are expressed by the Offender.</i> 4. <i>Emotional support services shall be provided as well as appropriate measures taken to protect any individual who expresses a fear of Retaliation.”</i> <p data-bbox="280 1352 1477 1429">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.267.</p> <p data-bbox="280 1469 1477 2083">While on site, this auditor interviewed 3 BU Administrative PREA Investigators, who are designated to conduct PREA investigations. Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and evidentiary standards for administrative PREA investigations. This auditor requested the PREA Investigator’s Specialized Training through ARDOC’s <i>“Sexual Abuse Investigations Training (SAIT)”</i> the interviewed investigators. They were all present and verified. Furthermore, this auditor then asked the investigators to share their investigative approach/process attained through their <i>“Sexual Abuse Investigation’s Training”</i> specialized training. Additionally, this auditor asked what the content of an investigation report would entail and how it would be structured. They shared that it would have an investigation report summary, PREA checklist, retaliation monitoring form(s), witness statements, video footage review (if applicable), and any other supporting documentation needed to arrive at a determination.</p>

This auditor also interviewed ARDOC's PREA Coordinator (PC), who shared that each facility's PREA Compliance Manager (PCM) is primarily responsible for completing and documenting initial, 30-, 60-, and 90-day retaliation monitoring in ARDOC's "eOmis" (*electronic offender management information system*). However, PCM can assign retaliation monitoring to another BU site staff. ARDOC's PC further shared that she sends email reminders (with 30, 60, or 90 retaliation monitoring forms attached) to all PCMs at the commencement of the investigation. This auditor reviewed the "Retaliation Monitoring" form. The "Retaliation Monitoring" form included: documented initial retaliation monitoring check, face-to-face check-ins (with resident signature), documentation of program reviews, and disciplinary report reviews. They also offer alleged victims and alleged perpetrators mental health services, as well as victim advocacy for the victim.

This auditor requested completed investigations within the past 12 months, to gain insight into BU's PREA Investigator reporting style and investigation content. The Deputy Warden and Captain/PREA Compliance Manager shared that there have been 2 PREA investigations within the last 12 months (2 Sexual Abuse). This auditor noted that there were 0 "Retaliation Monitoring" forms present in the 2 investigation packets. The Captain/PREA Compliance Manager stated that retaliation monitoring is not currently occurring but will begin immediately.

Finally, this auditor interviewed 27 randomly selected BU residents asking, "Have you reported or has there been any reports of sexual abuse or sexual harassment at BU since you've been here?" All residents stated that they had not reported sexual abuse or sexual harassment while at BU, nor have they observed any investigations surrounding sexual abuse or sexual harassment.

This auditor recommended that BU immediately start utilizing ARDOC's "Retaliation Monitoring" Form to conduct Initial, 30-day, 60-day, and 90-day retaliation monitoring for sexual abuse victims, as well as staff and resident witnesses (if requested) who participate in sexual abuse and sexual harassment investigations. Retaliation monitoring should also be conducted for sexual harassment victims until the investigation is concluded. Finally, this auditor recommended that BU demonstrate consistency in practice of using the retaliation monitoring form before compliance can be determined. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.267. Corrective action was required.

During Benton Unit's (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and BU's Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC's PREA Coordinator submitted the auditor requested the only 2 requested PREA Investigations which occurred during this Corrective Action Period (2 SA PREA Investigations) (1 unsubstantiated staff on resident sexual abuse and 1 unfounded staff on resident sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

	<p>Additionally, the 2 reviewed investigation reports had a detailed summary of the investigation, accompanied by <i>“Retaliation Monitoring”</i> documentation, and documented <i>“PREA Investigation Determination Cover Sheet”</i> (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being <i>“unsubstantiated,” “substantiated,”</i> or <i>“unfounded”</i>). The 2 sexual abuse (unsubstantiated and unfounded) investigations had signed/completed <i>“Notice of PREA Investigation Status”</i> (inmate notifications). The 1 unsubstantiated sexual abuse investigation had completed and signed <i>“Sexual Abuse Incident Review”</i> team meetings documentation attached.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.267.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.271. Benton Unit (BU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> as evidence of compliance with PREA Standard 115.271. An excerpt states, <i>“All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports. A PREA investigation shall be initiated within twenty-four (24) hours of the incident upon report to the facility or DOC investigator or as soon as possible if referred for investigation to the Arkansas State Police (ASP). ASP shall be notified once the quality of evidence appears to support criminal prosecution.</i></p> <p><i>Investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of Sexual Abuse involving the suspected Perpetrator, and investigative facts and findings. All investigations shall be consistent with the most updated version of the Coordinated Response Plan.”</i></p> <p>ARDOC’s PC also submitted their revised <i>“Arkansas Department of Corrections PREA Secretarial Directive (SD 2025-01)”</i> as evidence of compliance with PREA Standard 115.271. The revised excerpt now states, <i>“All PREA investigations shall be referred to the PCM, PREA Coordinator, and Warden or their designee for review and approval upon completion. Once approved by the Warden or designee, they shall be referred to Internal Affairs for final review if there is a finding of potential criminal</i></p>

activity by the PREA coordinator.”

Additionally, ARDOC’s PC submitted their revised “Arkansas Department of Corrections Internal Affairs Secretarial Directive (SD 2025-02)” as evidence of compliance with PREA Standard 115.271. The revised excerpt now states, *“All incidents (excluding incidents involving PREA investigations) as defined in Administrative Rule 005, or a Department Policy, will be investigated, or reviewed by the Internal Affairs Division, which will report directly to the Secretary of Corrections... All incidents involving PREA investigations shall be reviewed in accordance with the procedures dictated in the current PREA Secretarial Directive.”*

This auditor reviewed “ARDOC’s Secretarial Directive (2025-01 and 2025-02)” and concluded that it has the necessary language to align with PREA Standard 115.271.

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

“INVESTIGATIONS:

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

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

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

b. Interview victims, perpetrators, and witnesses.

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

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

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

2) Investigative report must include the following:

a. Description of the physical and testimonial evidence

b. Reasoning behind credibility assessment

c. Investigative facts and findings

3) Ensure all reports, evidence, and documentation are uploaded to eOMIS and

referred to the PREA compliance manager at the completion of the investigation.

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

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

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

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

a. Separation of perpetrator from the victim.

i. Administrative leave

ii. Post reassignment Facility reassignment (if reasonable)

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

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

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

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

1) Ensure separation between the victim and perpetrator.

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

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

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

2) Ensure all information in eOMIS is input accurately."

While onsite, this auditor also interviewed 3 BU Administrative PREA Investigators. This auditor shared a scenario of a resident being sexually assaulted in the shower, and asked, "What is the PREA Investigator's coordinated responsibilities?" All investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols and evidentiary standards for administrative PREA investigations. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all interviewed PREA investigator's training transcript submitted by ARDOC's PREA Coordinator. These training transcripts verified the specialized training that the

ARDOC PREA investigators received training through ARDOC's 3-day *"Sexual Assault Investigation's Training."*

This auditor requested completed investigations within the past 12 months, to gain insight into BU's PREA Investigator reporting style and investigation content. The Deputy Warden shared that there have been two PREA investigations within the last 12 months (2 Sexual Abuse). This auditor then asked the investigators to share their investigative approach/process attained from their *"Sexual Abuse Investigation's Training"* specialized training. Additionally, this auditor asked what the content of an investigation report would entail and how it would be structured. They shared that it would have an investigation report summary, PREA checklist, retaliation monitoring form(s), witness statements, video footage review (if applicable), and any other supporting documentation needed to arrive at a determination.

During BU's onsite PREA audit closeout debriefing meeting with ARDOC's PC and BU's Captain, this auditor made some recommendations. This auditor recommended that BU's assigned *"Specialized Trained PREA Administrative Investigator,"* be authorized to recommend a determination of the preponderance of evidence for PREA Administrative investigations. This auditor also recommended that completed non-criminal PREA Administrative Investigations should be, at most, reviewed by and finalized by ARDOC's PREA Coordinator (rather than go up to IAD for final review). This would allow for investigations final determinations to be concluded more rapidly and decrease any appearance of potential bias reviews by the facility's PCM or Warden. Furthermore, this auditor recommended that ARDOC's Internal Affairs solely be involved in criminal related PREA investigations. Administrative PREA Investigations, related to policy breach, staff action/inactions, and/or non-criminal/facility level sexual harassments investigations, should be reviewed/finalized by ARDOC's PC. ARDOC's PC should then submit the investigation's final determination cover letter back to the facility's Warden and facility PCM, along with the *"Notice of Investigation Status"* (for sexual abuse victim to sign and receive notification of outcome).

During this debriefing meeting, this auditor recommended ARDOC's Internal Affairs cease requiring inmates who allege sexual abuse to submit to internal affairs administered CVSA *"voice stress test"* (polygraph examination or other truth-telling devices) or be disciplined. Additionally, ARDOC's IAD should make it clear in their policy, procedures, and practices that inmates who allege sexual abuse are not required to take IAD's CVSA *"voice stress test."*

On 2/4/2025, ARDOC's PC submitted their revised *"Arkansas Department of Corrections PREA Secretarial Directive (SD 2025-01)"* as evidence of compliance with PREA Standard 115.271. The revised excerpt now states, *"All PREA investigations shall be referred to the PCM, PREA Coordinator, and Warden or their designee for review and approval upon completion. Once approved by the Warden or designee, they shall be referred to Internal Affairs for final review if there is a finding of potential criminal activity by the PREA coordinator."*

On 2/4/2025, ARDOC's PC also submitted their revised *"Arkansas Department of*

Corrections Internal Affairs Secretarial Directive (SD 2025-02)” as evidence of compliance with PREA Standard 115.271. The revised excerpt now states, “*All incidents (excluding incidents involving PREA investigations) as defined in Administrative Rule 005, or a Department Policy, will be investigated, or reviewed by the Internal Affairs Division, which will report directly to the Secretary of Corrections... All incidents involving PREA investigations shall be reviewed in accordance with the procedures dictated in the current PREA Secretarial Directive.*”

Finally, this auditor recommended that BU establish a period of consistency in practice of following/adhering to the above-mentioned revised Secretarial Directives (SD 2025-01 & SD 2025-02) for investigations, as well as its procedures, before a determination of compliance can be concluded. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.271. Corrective action was required.

During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator submitted the auditor requested the only 2 requested PREA Investigations which occurred during this Corrective Action Period (2 SA PREA Investigations) (1 unsubstantiated staff on resident sexual abuse and 1 unfounded staff on resident sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.

Additionally, the 2 reviewed investigation reports had a detailed summary of the investigation, accompanied by “*Retaliation Monitoring*” documentation, and documented “*PREA Investigation Determination Cover Sheet*” (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being “unsubstantiated,” “substantiated,” or “unfounded”). The 2 sexual abuse (unsubstantiated and unfounded) investigations had signed/completed “*Notice of PREA Investigation Status*” (inmate notifications). The 1 unsubstantiated sexual abuse investigation had completed and signed “*Sexual Abuse Incident Review*” team meetings documentation attached.

Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) also submitted 29 staff signed “*PREA Training Acknowledgement Forms*,” as evidence of all BU staff receiving investigations refresher training. Finally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, which discussed PREA investigations procedures, preponderance of evidence determinations, and resident notifications for sexual abuse investigations.

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.271.

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 748">This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.272. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” #1A-27 as evidence of compliance with PREA Standard 115.272. An excerpt states, <i>“No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of Sexual Abuse or Sexual Harassment are Substantiated for administrative investigations.”</i></p> <p data-bbox="280 788 1469 864">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.272.</p> <p data-bbox="280 904 1469 1142">This PREA auditor also reviewed ARDOC’s “Coordinated Response Plan,” which is a written prescription of the actions and conduct of all ARDOC facility level and agency level staff involved in incidents of sexual abuse and sexual harassment (amongst staff first responders, medical and mental health practitioners, investigators, and facility leadership). Excerpts from ARDOC’s “Coordinated Response Plan” states,</p> <p data-bbox="280 1182 798 1218">“DETERMINATION OF FINDINGS:</p> <p data-bbox="280 1258 1469 1411"><i>All sexual abuse allegations will receive an Internal Affairs investigation. The Internal Affairs Administrator, Deputy Director, Director, and Secretary will determine the investigative outcome for all sexual abuse investigations. There are three potential investigative outcomes for sexual abuse investigations:</i></p> <ol data-bbox="341 1482 1469 1644" style="list-style-type: none"> <li data-bbox="341 1482 1260 1518">1. Substantiated: Allegation was determined to have occurred <li data-bbox="341 1527 1469 1603">2. Unsubstantiated: Investigation produced insufficient evidence to make a final determination <li data-bbox="341 1612 1276 1648">3. Unfounded: Allegation was determined to not have occurred” <p data-bbox="280 1684 1469 2011">While onsite, this auditor interviewed 3 BU Administrative PREA Investigators. This auditor shared a scenario of a resident being sexually assaulted in the shower, and asked, <i>“What is the PREA Investigator’s coordinated responsibilities?”</i> All investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols and evidentiary standards for administrative PREA investigations. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities.</p> <p data-bbox="280 2051 1350 2087">This auditor reviewed all interviewed PREA investigator’s training transcript</p>

submitted by ARDOC's PREA Coordinator. These training transcripts verified the specialized training that the ARDOC PREA investigators received training through ARDOC's 3-day *"Sexual Assault Investigation's Training."* This auditor then asked the investigators to share their investigative approach/process attained from their *"Sexual Abuse Investigation's Training"* specialized training. Additionally, this auditor asked what the content of an investigation report would entail and how it would be structured. They shared that it would have an investigation report summary, PREA checklist, retaliation monitoring form(s), witness statements, video footage review (if applicable), and any other supporting documentation needed to arrive at a determination.

This auditor requested completed investigations within the past 12 months, to gain insight into BU's PREA Investigator reporting style and investigation content. The Deputy Warden shared that there have been two PREA investigations within the last 12 months (2 Sexual Abuse). This auditor noted that only 1 of the 2 investigation reports had a *"PREA Investigation Determination Cover Sheet"* (Substantiated).

Moreover, this auditor interviewed 27 randomly selected BU residents asking, *"Have you reported or has there been any reports of sexual abuse or sexual harassment at BU since you've been here?"* All residents stated that they had not reported sexual abuse or sexual harassment while at BU, nor have they observed any investigations surrounding sexual abuse or sexual harassment.

During BU's onsite PREA audit closeout debriefing meeting with ARDOC's PC and BU's Captains, this auditor made some recommendations. This auditor recommended that ARDOC revise their *"PREA Investigation Determination Cover Sheet"* to align with their "Secretarial Directive (2024-02)," their "Coordinated Response Plan," and this PREA Standard. ARDOC's *"PREA Investigation Determination Cover Sheet"* should only have "unsubstantiated," "substantiated," or "unfounded" as the preponderance of evidence options.

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

This auditor recommended BU ensure that each concluded PREA Administrative Investigation packet ARDOC's revised *"PREA Investigation Determination Cover Sheet"* accompanied by its investigation report, content, supporting evidence and testimonies, video footage, as well as *"Notification of Investigation Status."* Additionally, this auditor recommended that BU establish a period of consistency in practice of following/adhering to the above-mentioned recommendations for

	<p>investigations preponderance of evidence, as well as its procedures, before a determination of compliance can be concluded. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.272. Corrective action was required.</p> <p>During Benton Unit’s (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC’s PREA Coordinator (PC) and BU’s Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC’s PREA Coordinator submitted the auditor requested the only 2 requested PREA Investigations which occurred during this Corrective Action Period (2 SA PREA Investigations) (1 unsubstantiated staff on resident sexual abuse and 1 unfounded staff on resident sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.</p> <p>Additionally, the 2 reviewed investigation reports had a detailed summary of the investigation, accompanied by “Retaliation Monitoring” documentation, and documented “PREA Investigation Determination Cover Sheet” (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being “unsubstantiated,” “substantiated,” or “unfounded”). The 2 sexual abuse (unsubstantiated and unfounded) investigations had signed/completed “Notice of PREA Investigation Status” (inmate notifications). The 1 unsubstantiated sexual abuse investigation had completed and signed “Sexual Abuse Incident Review” team meetings documentation attached.</p> <p>Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) also submitted 29 staff signed “PREA Training Acknowledgement Forms,” as evidence of all BU staff receiving investigations refresher training. Finally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, which discussed PREA investigations procedures, preponderance of evidence determinations, and resident notifications for sexual abuse investigations.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.272.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/

files reviewed and observations to determine compliance for Standard 115.273. Benton Unit (BU) submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2024-02)" #1A-27 as evidence of compliance with PREA Standard 115.273. An excerpt states, *"The Victim shall be informed within thirty (30) days of the conclusion of the investigation. It shall be documented when the:*

a. Allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded.

b. Perpetrator is no longer posted within the Victim's unit.

c. Perpetrator is no longer employed. d. Perpetrator has been indicted or convicted on a charge related to the Sexual Abuse.

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

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

"OFFENDER NOTIFICATION

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

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

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

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

While onsite, this auditor also interviewed 3 BU Administrative PREA Investigators. This auditor shared a scenario of a resident being sexually assaulted in the shower, and asked, *"What is the PREA Investigator's coordinated responsibilities?"* All investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols and evidentiary standards for administrative PREA investigations. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities.

This auditor reviewed all interviewed PREA investigator's training transcript submitted by ARDOC's PREA Coordinator. These training transcripts verified the

specialized training that the ARDOC PREA investigators received training through ARDOC's 3-day *"Sexual Assault Investigation's Training."* This auditor then asked the investigators to share their investigative approach/process attained from their *"Sexual Abuse Investigation's Training"* specialized training. Additionally, this auditor asked what the content of an investigation report would entail and how it would be structured. They shared that it would have an investigation report summary, PREA checklist, retaliation monitoring form(s), witness statements, video footage review (if applicable), and any other supporting documentation needed to arrive at a determination.

This auditor interviewed ARDOC's PC who shared that at the conclusion of all PREA sexual abuse investigations, she completes the contents of the *"Notice of Investigation Status"* (resident notification), then emails it to the facility's PREA Compliance Manager (PCM). The facility's PCM is responsible for presenting/delivering the resident notification to the resident who initially made the PREA allegation/alleged victim. Once the *"Notice of Investigation Status"* is presented/delivered to the resident, the resident signs, acknowledging receipt or the notification. ARDOC's PREA Coordinator further shared that the completed *"Notice of PREA Investigation Status"* is this uploaded in ARDOC's *"eOmis System."*

This auditor requested completed investigations within the past 12 months, to gain insight into BU's PREA Investigator reporting style and investigation content. The Deputy Warden shared that there have been two PREA investigations within the last 12 months (2 Sexual Abuse). This auditor reviewed the 2 investigations and noted that there was 0 *"Notice of PREA Investigation Status"* present in the 2 investigation packets.

This auditor recommended that BU immediately start ensuring that residents who alleges sexual abuse receive a *"Notice of PREA Investigation Status,"* informing them of the outcome details of the concluded investigation. This *"Notice of PREA Investigation Status"* should be signed and be a part of the completed/concluded PREA Administrative Investigation paperwork/packet. This auditor also recommended that BU's PREA Compliance Manager establish a consistency in practice of ensuring that residents who allege sexual abuse receive a *"Notice of PREA Investigation Status"* of the outcome of their PREA investigation, before a determination of compliance can be concluded. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.273. Corrective action was required.

During Benton Unit's (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and BU's Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC's PREA Coordinator submitted the auditor requested the only 2 requested PREA Investigations which occurred during this Corrective Action Period (2 SA PREA Investigations) (1 unsubstantiated staff on resident sexual abuse and 1 unfounded staff on resident sexual abuse). Each investigation file submitted was neatly

	<p>organized, structured, and had detailed and robust content from initial incidents and interviews to evidence identification.</p> <p>Additionally, the 2 reviewed investigation reports had a detailed summary of the investigation, accompanied by <i>“Retaliation Monitoring”</i> documentation, and documented <i>“PREA Investigation Determination Cover Sheet”</i> (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being <i>“unsubstantiated,” “substantiated,”</i> or <i>“unfounded”</i>). The 2 sexual abuse (unsubstantiated and unfounded) investigations had signed/completed <i>“Notice of PREA Investigation Status”</i> (inmate notifications). The 1 unsubstantiated sexual abuse investigation had completed and signed <i>“Sexual Abuse Incident Review”</i> team meetings documentation attached.</p> <p>Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) also submitted 29 staff signed <i>“PREA Training Acknowledgement Forms,”</i> as evidence of all BU staff receiving investigations refresher training. Finally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, which discussed PREA investigations procedures, preponderance of evidence determinations, and resident notifications for sexual abuse investigations.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.273.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.276. Benton Unit (BU) submitted their <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02)”</i> as evidence of compliance with PREA Standard 115.276. An excerpt states, <i>“a. Staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies.</i></p> <p style="padding-left: 40px;"><i>b. Termination shall be the presumptive disciplinary sanction for Staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.</i></p> <p style="padding-left: 40px;"><i>c. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the Staff member’s disciplinary history.</i></p> <p style="padding-left: 40px;"><i>d. All terminations for Sexual Abuse, or resignations of Staff who would have been terminated if not for their resignation, will be reported to law enforcement</i></p>

	<p><i>agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and concluded that it has the necessary language to align with PREA Standard 115.276.</p> <p>While on site, this auditor interviewed BU’s Deputy Warden who shared that BU’s response for substantiated outcomes of staff sexual abuse and sexual harassment investigations can range in various forms of disciplinary actions, up to termination and criminal referral. This auditor also interviewed ARDOC’s PREA Coordinator, who shared that once ARDOC’s Internal Affairs concludes/affirms that the investigation is substantiated for staff sexual abuse, they take immediate legal action, and termination is ARDOC’s presumptive response. After this onsite audit, this auditor contacted and interviewed ARDOC’s Internal Affairs Director (via ZOOM). He confirmed ARDOC’s “Zero Tolerance” policy for sexual abuse and sexual harassment, as well as the information shared by ARDOC’s PREA Coordinator and BU’s Deputy Warden.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.276.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.277. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.277. An excerpt states, “<i>a. Staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies.</i></p> <p style="padding-left: 40px;"><i>b. Termination shall be the presumptive disciplinary sanction for Staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.</i></p> <p style="padding-left: 40px;"><i>c. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the Staff member’s disciplinary history.</i></p> <p style="padding-left: 40px;"><i>d. All terminations for Sexual Abuse, or resignations of Staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”</i></p>

	<p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.277.</p> <p>While on site, this auditor interviewed BU’s Deputy Warden who shared that ARDOC’s and BU’s corrective action responses for substantiated sexual abuse outcomes for contracted staff, contractors, and volunteers can range in various forms of disciplinary measures, up to notifying licensing bodies and criminal referral. This auditor also interviewed ARDOC’s PREA Coordinator, who shared that once ARDOC’s Internal Affairs concludes/affirms that the investigation is substantiated for staff sexual abuse, they take immediate legal action and cease all contact with and access to ARDOC facilities. After this onsite audit, this auditor contacted and interviewed ARDOC's Internal Affairs Director (via ZOOM). He confirmed ARDOC's "Zero Tolerance" policy for sexual abuse and sexual harassment, as well as the information shared by BU's Deputy Warden and ARDOC’s PREA Coordinator.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.277.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.278. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.278. An excerpt states, <i>“a. Offenders may be disciplined for Substantiated incidents of Offender-on-Offender Sexual Abuse. If an Offender has pending disciplinary sanctions for Offender-on-Offender Sexual Abuse, consideration shall be given as to whether the Offender’s mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed.</i></p> <p><i>b. An Offender may be labeled as a PREA Sex Offender in eOMIS for any substantiated allegation of Sexual Abuse. The PREA Sex Offender precaution shall be approved by the facility PCM and DOC PREA Coordinator.</i></p> <p><i>c. Offenders may not be disciplined for Sexual Abuse of a Staff member if the Staff member consented.</i></p> <p><i>d. An Offender may be disciplined for reporting a false allegation of Sexual Abuse or Sexual Harassment only where the facility can demonstrate the false allegation</i></p>

was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

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

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

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

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

SEXUAL ACTIVITY CATEGORIES

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

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

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

10-4. *Bestiality.*

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

10-7. *Demanding sexual contact in trade or for protection from physical harm or*

mental anguish, or other victimization.

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

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

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

While onsite, this auditor interviewed 27 residents and asked about BU’s rules and sanctions for resident-on resident sexual abuse or sexual harassment. Residents were clear that sexual abuse and sexual harassment is not tolerated at BU’s facility. Each interviewed resident stated that sexual abuse is not tolerated and is a **“CLASS A”** infraction. This PREA auditor also interviewed BU’s Deputy Warden. He shared that BU’s protocol on substantiated resident-on-resident sexual abuse investigations. He was aligned with ARDOC’s above-mentioned directives on resident sanctions for sexual abuse/sexual harassment. BU’s Deputy Warden also shared that disciplinary actions are handled by the “Disciplinary Hearing Committee” at higher security units for which a resident would be transferred back if an allegation was substantiated.

Finally, BU’s Deputy Warden shared that resident sanctions are commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. He also shared that the disciplinary committee does take into consideration any diagnosed/documented history of mental health/mental disabilities prior to making sanction determinations within higher security units. Due to this facility being a Community Corrections work release program; the resident would be transferred to a higher custody ARDOC facility.

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.278.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as

documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.282. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.282. An excerpt states, *“a. All Offenders who have been Victims of Sexual Abuse in any correctional facility shall be offered medical and mental health evaluations and as appropriate, any necessary treatment related to Sexual Abuse. This includes timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by medical and mental health practitioners according to their professional judgment. This also includes timely and comprehensive information about emergency contraception, pregnancy testing, sexually transmitted infection testing and prophylaxis, and lawful pregnancy-related medical services deemed appropriate by the medical practitioner.*

b. Mental health practitioners shall attempt to conduct an evaluation on all known Offender-on-Offender Perpetrators within sixty (60) days of learning of such abuse and provide treatment as deemed appropriate.

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.282.

While on site, this auditor conducted an exhaustive site review/tour of BU and observed a medical triage area for medical services at BU. This auditor interviewed medical contractor, WellPath’s Health Services Administrator, who shared that BU primarily utilizes “Saline Memorial Hospital” for medical services for their residents.

WellPath’s Health Services Administrator and additional nursing personnel assist residents in navigating the services BU residents need. The WellPath Health Services Administrator shared that medical and mental health decisions are made based on their professional judgements, and victims’ residents are informed about emergency contraception by the local hospital they are taken to and followed up by BU (or the hospital based on the scope of follow-up).

Additionally, the Health Services Administrator shared that BU staff work together to ensure that victims receive appropriate medical and mental health care. The WellPath team follow a very detailed protocol called the “Sexual Abuse Health Service Encounter” when responding to a sexual assault allegation within the facility. It is a uniform process that ensures that no steps are overlooked. BU resident victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services. Finally, WellPath’s Health Services Administrator shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost.

Finally, this auditor interviewed a random selection of 27 residents, asking about the

	<p>effectiveness of medical and mental health care. All 27 residents shared positive responses about the provision of support, response, and assistance by BU and ARDOC team of staff. There was consistency in responses to “sick residents” turnaround time is within 24 to 72 hours, triaged based on urgency.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.282.</p>
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<p>115.283</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.283. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.283. An excerpt states, <i>“a. All Offenders who have been Victims of Sexual Abuse in any correctional facility shall be offered medical and mental health evaluations and as appropriate, any necessary treatment related to Sexual Abuse. This includes timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by medical and mental health practitioners according to their professional judgment. This also includes timely and comprehensive information about emergency contraception, pregnancy testing, sexually transmitted infection testing and prophylaxis, and lawful pregnancy-related medical services deemed appropriate by the medical practitioner.</i></p> <p><i>b. Mental health practitioners shall attempt to conduct an evaluation on all known Offender-on-Offender Perpetrators within sixty (60) days of learning of such abuse and provide treatment as deemed appropriate.</i></p> <p><i>c. Current and previous Victims of Sexual Abuse shall receive any medical and mental health services related to the Sexual Abuse at no cost to the Offender.”</i></p> <p>This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.283.</p> <p>While on site, this auditor conducted an exhaustive site review/tour of BU and observed a medical triage area for medical services at BU. This auditor interviewed medical contractor, WellPath’s Health Services Administrator, who shared that BU primarily utilizes “Saline Memorial Hospital” for medical services for their residents.</p>

	<p>WellPath’s Health Services Administrator and additional nursing personnel assist residents in navigating the services BU residents need. The WellPath Health Services Administrator shared that medical and mental health decisions are made based on their professional judgements, and victims’ residents are informed about emergency contraception by the local hospital they are taken to and followed up by BU (or the hospital based on the scope of follow-up).</p> <p>Additionally, the Health Services Administrator shared that BU staff work together to ensure that victims receive appropriate medical and mental health care. The WellPath team follow a very detailed protocol called the “<i>Out Count Return</i>” when following up on a sexual assault allegation within the facility. It is a uniform process that ensures that no steps are overlooked once a resident returns from a hospital visit. BU resident victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/serious medical services.</p> <p>Finally, WellPath’s Health Services Administrator shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. The Health Services Administrator further stated that resident victims are offered sexually transmitted infections tests, informed about emergency contraception, and provided follow-up medical services through the local hospital where the resident would be transported.</p> <p>Finally, this auditor interviewed a random selection of 27 residents, asking about the effectiveness of medical and mental health care. All 27 residents shared positive responses about the provision of support and assistance by WellPath staff. There was consistency in responses to “sick residents” turnaround time is within 24 to 72 hours, triaged based on urgency.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.83.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.286. Benton Unit (BU) submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2024-02)” as evidence of compliance with PREA Standard 115.286. An excerpt states, “<i>All facilities shall conduct a review, ordinarily within thirty (30) days, at the conclusion of every Sexual Abuse investigation unless the allegation was determined to be Unfounded. An investigation shall be deemed to be</i></p>

concluded upon the review and approval of the investigation report by the Internal Affairs Division, Division Director, and the Secretary. The review team shall consist of upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:

a. Consider whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect, or respond to Sexual Abuse.

b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

c. Examine the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse.

d. Assess the adequacy of Staffing levels in that area during different shifts.

e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by Staff.

f. Prepare a report of its findings, including determinations made from sections a-e and any recommendations for improvement and submit the report to the facility head and PCM.

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.”

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02)” and has concluded that it has the necessary language to align with PREA Standard 115.286.

While on site, this auditor interviewed BU’s Deputy Warden and Captain/PREA Compliance Manager. This auditor shared that *Sexual Abuse Incident Reviews (SAIR)* are required to occur within 30 days of the conclusion of sexual abuse investigations (substantiated and unsubstantiated). The Captain/PREA Compliance Manager shared that the team has not yet conducted an SAIR meeting, but has a team identified. Captain/PREA Compliance Manager submitted a memo identifying who the SAIR team members are within the facility. This auditor also interviewed ARDOC’s PREA Coordinator (PC), who shared that each facility’s PCM is responsible for completing SAIR team meetings. She also shared that she has informed each facility PCM of their responsibility to complete SAIR meeting at the conclusion of sexual abuse investigation. ARDOC’s PREA Coordinator submitted ARDOC’s “30-Day Sexual Abuse Incident Review” form used when review meeting occurs. The form contained all the components which align with PREA Standard 115.86. The review questions within ARDOC’s “30-Day Sexual Abuse Incident Review” included:

1. Identifying whether the allegation or investigation indicates a need to change ARDOC’s policy or practice to better prevent, detect, or respond to sexual abuse.
2. Identifying whether the incident or allegation was motivated by race;

ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

3. Assessing the area in the facility where the incident allegedly occurred to assess whether blind spots or barriers in the area may enable abuse.
4. Assessing staffing levels in that area during the shift at the time of the incident.
5. Assessing whether there's a need for video/audio monitoring technology to supplement supervision by staff.

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

While on site, this auditor interviewed 3 BU Administrative PREA Investigators, who are designated to conduct PREA investigations. Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and evidentiary standards for administrative PREA investigations. BU's PCM also submitted copies of all BU PREA Investigator's Specialized Training through ARDOC's "Sexual Abuse Investigations Training (SAIT)."

Finally, this auditor requested complete investigations within the past 12 months. This auditor reviewed 2 PREA investigations (2 Sexual Abuse). While reviewing each selected completed investigation packet, this auditor observed and confirmed that there were no "Sexual Abuse Incident Review" (SAIR) team meeting verifications provided by BU for the 2 Sexual Abuse investigations.

This auditor recommended that BU immediately develop a procedure that ensures that all substantiated and unsubstantiated sexual abuse investigations receive a SAIR within 30 days of the conclusion of the investigation. This auditor also recommended BU establish consistency in practice of conducting SAIR team meetings within the 30-day period after the conclusion of sexual abuse investigations, before compliance can be determined. This PREA auditor concluded that Benton Unit (BU) was not in compliance with PREA Standard 115.286. Corrective action was required.

During Benton Unit's (BU) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with ARDOC's PREA Coordinator (PC) and BU's Chief of Security/PREA Compliance Manager (CS/PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, ARDOC's PREA Coordinator submitted the auditor requested the only 2 requested PREA Investigations which occurred during this Corrective Action Period (2 SA PREA Investigations) (1 unsubstantiated staff on resident sexual abuse and 1 unfounded staff on resident sexual abuse). Each investigation file submitted was neatly organized, structured, and had detailed and robust content from initial incidents and

	<p>interviews to evidence identification.</p> <p>Additionally, the 2 reviewed investigation reports had a detailed summary of the investigation, accompanied by <i>“Retaliation Monitoring”</i> documentation, and documented <i>“PREA Investigation Determination Cover Sheet”</i> (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being <i>“unsubstantiated,” “substantiated,”</i> or <i>“unfounded”</i>). The 2 sexual abuse (unsubstantiated and unfounded) investigations had signed/completed <i>“Notice of PREA Investigation Status”</i> (inmate notifications). The 1 unsubstantiated sexual abuse investigation had completed and signed <i>“Sexual Abuse Incident Review”</i> team meetings documentation attached.</p> <p>Finally, BU’s Chief of Security/PREA Compliance Manager (CS/PCM) also submitted 29 staff signed <i>“PREA Training Acknowledgement Forms,”</i> as evidence of all BU staff receiving investigations refresher training. Finally, BU’s CS/PCM submitted their 32 slide PowerPoint training curriculum, which discussed PREA investigations procedures, preponderance of evidence determinations, and resident notifications for sexual abuse investigations.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.286.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.287. Benton Unit follows the Arkansas Department of Corrections policies and submitted the <i>“Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)”</i> as evidence of compliance with PREA Standard 115.287. An excerpt states, <i>“1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.</i></p> <p><i>2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.</i></p> <p><i>3. All data from available incident-based documents related to allegations of Sexual</i></p>

Abuse shall be collected, reviewed, and maintained as needed.

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

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

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.287.

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

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

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

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.287.

115.288	Data review for corrective action
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 873">This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.288. Benton Unit follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.288. An excerpt states, <i>“1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.</i></p> <p data-bbox="280 913 1477 1030"><i>2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.</i></p> <p data-bbox="280 1070 1477 1142"><i>3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.</i></p> <p data-bbox="280 1182 1334 1254"><i>4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.</i></p> <p data-bbox="280 1294 1477 1366"><i>5. Aggregated data collected shall be made available to the public annually through the DOC website.</i></p> <p data-bbox="280 1406 1477 1608"><i>6. All case records associated with claims of sexual offenses, including incident reports, investigation reports, Offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, shall be retained in accordance with the records retention schedule.”</i></p> <p data-bbox="280 1648 1461 1765">This auditor reviewed “ARDOC’s Secretarial Directive (2024-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.288.</p> <p data-bbox="280 1805 1461 2092">While onsite at ARDOC’s Headquarters, this auditor interviewed ARDOC’s PREA Coordinator (PC). She shared the process for collecting and aggregating monthly data on sexual abuse/sexual harassments incidents and investigations. She also shared that she receives sexual abuse incident/investigation information from each ARDOC facility’s PREA Compliance Manager/Administrator, develop monthly and annual reports, then submit ARDOC’s Secretary of Corrections for review/approval. This PREA auditor also interviewed ARDOC’s IT/Social Media Manager, who is the</p>

	<p>gatekeeper of electronic information being disseminated to the public via ARDOC’s website (after approval from ARDOC’s Secretary of Corrections (agency head) and PREA Coordinator’s submittal).</p> <p>Additionally, ARDOC’s IT/Social Media Manager walked this auditor through the process once she receives PREA Annual Reports to the reports “going live” onto ARDOC’s website for public viewing. Finally, ARDOC’s PC and IT/Social Media Manager shared that Personal Identifiers are not written into annual reports or redacted prior to “going live” for public viewing. Finally, this auditor reviewed annual reports on ARDOC’s website from 2015 through 2023. Each report contained corrective actions taken. ARDOC’s IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.288.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Benton Unit (BU) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/ files reviewed and observations to determine compliance for Standard 115.289. Benton Unit follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2024-02: Subject: PREA)” as evidence of compliance with PREA Standard 115.289. An excerpt states, <i>“1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.</i></p> <p><i>2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.</i></p> <p><i>3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.</i></p> <p><i>4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.</i></p> <p><i>5. Aggregated data collected shall be made available to the public annually through</i></p>

the DOC website.

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

This auditor reviewed “ARDOC’s Secretarial Directive (2024-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.289.

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

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

This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.289.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Benton Unit (BU) understands PREA Standard 115.401, which states, <i>“During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.”</i> This auditor interviewed ARDOC's Secretary of Corrections (agency head), who shared that she and the Arkansas Governor support and are committed to their facilities

	<p>receiving PREA Audits during this 3rd year of this 4th Cycle. Benton Unit plans to continue to have a PREA audit conducted every three years. This is BU's first PREA Facility Audit in the third year of this current audit cycle. This auditor had access to, and the ability to observe, all areas of Benton Unit. This auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with facility staff whose roles held responsibility for specific PREA Standards. BU residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.401.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Benton Unit (BU), pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.403.</p> <p>ARDOC has not had any PREA Final Audit Reports issued in the past three years. However, this auditor interviewed ARDOC's PREA Coordinator (PC). She shared the process for collecting and aggregating monthly data on sexual abuse/sexual harassment incidents and investigations. She also shared that she receives sexual abuse incident/investigation information from each ARDOC facility's PREA Compliance Manager/Administrator, develops monthly and annual reports, then submits them to ARDOC's Secretary of Corrections for review/approval. This PREA auditor also interviewed ARDOC's IT/Social Media Manager, who is the designated gatekeeper of electronic information being disseminated to the public via ARDOC's website (after approval from ARDOC's Secretary of Corrections (agency head) and PREA Coordinator's submittal). Additionally, ARDOC's IT/Social Media Manager walked this auditor through the process once she receives PREA Annual Reports to the reports "going live" onto ARDOC's website for public viewing. Finally, ARDOC's PC and IT/Social Media Manager shared that Personal Identifiers are not written into annual reports or would be redacted prior to "going live" for public viewing. Finally, this auditor reviewed annual reports on ARDOC's website from 2015 through 2023. Each report contained corrective actions taken. BU will be conducting their first facility audit in this 3rd year of this 4th cycle. Finally, ARDOC's IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years.</p> <p>This PREA auditor concludes that Benton Unit (BU) is in compliance with PREA Standard 115.403.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or	yes

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

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

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

	contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221	Evidence protocol and forensic medical examinations	

(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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim	yes

	advocate from a rape crisis center?	
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal	yes

	investigation is completed for all allegations of sexual harassment?	
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

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

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

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and	yes

	professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes

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

(h)		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

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

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

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

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

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