PREA Facility Audit Report: Final

Name of Facility: Renu Life at Hidden Creek
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 05/31/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: DeShane Reed	**Date of Signature:** 05/31/2026

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	dreed@drbconsultinggroup.com
Start Date of On-Site Audit:	03/12/2026
End Date of On-Site Audit:	03/13/2026

FACILITY INFORMATION	
Facility name:	Renu Life at Hidden Creek
Facility physical address:	10905 West Markham Street, Little Rock, Arkansas - 72211
Facility mailing address:	1302 Pike Ave, North Little Rock, Arkansas - 72114

Primary Contact

Name:	Jarrod Self
Email Address:	Jarrod.Self@doc.arkansas.gov
Telephone Number:	501-414-4851

Facility Director	
Name:	BJ Brady
Email Address:	bjbrady@renulifecenter.com
Telephone Number:	(501) 414-2674

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

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	63
Average daily population for the past 12 months:	57
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:	23 - 71
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the	24

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

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

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:	2026-03-12
2. End date of the onsite portion of the audit:	2026-03-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted “University of Arkansas Medical-Baptist Center” regarding SANE/SAFE for RLHC residents. Additionally, this auditor interviewed and reviewed RLHC’s specialized trained “Staff Victim Advocates” regarding victim advocacy access for RLHC residents.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	58
16. Number of inmate/resident/detainee housing units:	1

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ○ No ◉ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	58
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:	0
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:	0
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:	0
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:	1

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:	0
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:	3
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	According to ARDOC's policy for their Reentry facilities, residents must be 21 years or older. They must also be cleared through medical and must be physically able to hold down a job that requires the ability to hear, see, and have physical agility.

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:	12
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:	11
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:	6
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:	17

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☑ Other ☐ None
If "Other," describe:	This auditor also attempted to identify and interview RLHC residents who fit the target group per the PREA Auditor's Handbook.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	This auditor requested to view the Master Population Roster, which contains inmate demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random inmate interviews.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7

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".

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:	1
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:	1
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:	1
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:	1
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. RLHC's Director, and PREA Compliance Manager confirmed that residents are hand selected from ARDOC prisons to step down to a Reentry and Work Release Facilities. Finally, this auditor asked the interviewed randomly selected residents to confirm that there were no residents fitting in this targeted area residing at RLHC at the time of this audit. Additionally, RLHC's Warden shared that ARDOC's policy for their Reentry and Work Release facilities states that residents must be 21 years or older. Prospective residents must also be cleared through medical and should be physically able to hold down a job that requires the ability to hear, see, understand the primary language, and have physical agility.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. RLHC's Director, and PREA Compliance Manager confirmed that residents are hand selected from ARDOC prisons to step down to a Reentry and Work Release Facilities. Finally, this auditor asked the interviewed randomly selected residents to confirm that there were no residents fitting in this targeted area residing at RLHC at the time of this audit.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. RLHC's Director, and PREA Compliance Manager confirmed that residents are hand selected from ARDOC prisons to step down to a Reentry and Work Release Facilities. Finally, this auditor asked the interviewed randomly selected residents to confirm that there were no residents fitting in this targeted area residing at RLHC at the time of this audit.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	This auditor requested to view the Master Population Roster, which contains resident demographic and ethnic information. This auditor also conversed and reviewed intake documentation to identify targeted groups and establish a diverse sample of random resident interviews. RLHC's Director, and PREA Compliance Manager confirmed that residents are hand selected from ARDOC prisons to step down to a Reentry and Work Release Facilities. Finally, this auditor asked the interviewed randomly selected residents to confirm that there were no residents fitting in this targeted area residing at RLHC at the time of this audit. Finally, there has been 0 investigations related to sexual abuse or sexual harassment at this facility in the past 12-24 months.
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:	3
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	RLHC does not utilize segregation. Rather any resident "acting out" results in the resident being revoked from this Reentry Facility and moved to a higher security facility.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	11
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook. These 11 interviewed staff include specialized staff and contracted medical professional staff.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook. These 11 interviewed staff include specialized staff and contracted medical professional staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	While onsite, this auditor requested my own samples of documents, reviewed files while onsite, and other verification to determine compliance. This auditor also contacted “University of Arkansas Medical-Baptist Center” regarding SANE/SAFE for RLHC residents. Additionally, this auditor interviewed and reviewed RLHC’s specialized trained “Staff Victim Advocates” regarding victim advocacy access for RLHC residents.
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☑ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

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).	While onsite, this auditor requested my own samples of documents, reviewed files while onsite, and other verification to determine compliance. This auditor also contacted “University of Arkansas Medical-Baptist Center” regarding SANE/SAFE for RLHC residents. Additionally, this auditor interviewed and reviewed RLHC’s specialized trained “Staff Victim Advocates” regarding victim advocacy access for RLHC residents.

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.

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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	While onsite, this auditor requested my own samples of documents, reviewed files while onsite, and other verification to determine compliance. This auditor also contacted “University of Arkansas Medical-Baptist Center” regarding SANE/SAFE for RLHC residents. Additionally, this auditor interviewed and reviewed RLHC’s specialized trained “Staff Victim Advocates” regarding victim advocacy access for RLHC residents.

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	0	0	0	0
Total	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
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	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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:	0

a. Explain why you were unable to review any sexual abuse investigation files:	ARDOC’s PREA Coordinator and assigned PREA Compliance Manager shared that there have not been investigations in this category of investigation in the past 12-24 months (or more). This auditor also reviewed ARDOC's investigation files through their "eOmis" (electronic offender management information system), requested to review investigation files while onsite. None were present. This was confirmed when this auditor interviewed a selection of random RLHC residents and asked if any sexual abuse or sexual harassment has been reported at RLHC.
86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	ARDOC’s PREA Coordinator and assigned PREA Compliance Manager shared that there have not been investigations in this category of investigation in the past 12-24 months (or more). This auditor also reviewed ARDOC's investigation files through their "eOmis" (electronic offender management information system), requested to review investigation files while onsite. None were present. This was confirmed when this auditor interviewed a selection of random RLHC residents and asked if any sexual abuse or sexual harassment has been reported at RLHC.

94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ 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
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.211. An excerpt states, *"As the executive head of the Arkansas Department of Corrections (DOC), it is the responsibility of the Secretary of Corrections (Secretary) to administer the various rules, orders, or directives issued by the DOC. The purpose of this directive is to ensure that the DOC remains in compliance with the Prison Rape Elimination Act (PREA). The DOC has a "zero-tolerance" approach toward all forms of sexual abuse and sexual harassment. This directive also sets forth the DOC's zero-tolerance approach to preventing, detecting, and responding to such conduct. The DOC will initially respond to all reports of sexualized behavior or abuse as*

nonconsensual, regardless of perception, rumor, appearance, or participant disclosure." Additionally, "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" 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 (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.211.

Renu Life at Hidden Creek (RLHC) 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 including its jails/prisons, work release, re-entry and community correction centers. Finally, ARDOC's Secretary shared that ARDOC is committed to coordinating and monitoring PREA efforts within its facilities and having PREA Facility Audits conducted at least every 3 years.

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 34 facilities statewide, conducting PREA Training for all new hired facility employees, tracking PREA incidents/allegations/investigations, and writing annual reports. She shared that ARDOC's Secretary of Corrections developed an Agency-level PREA Compliance Unit (PCU)/team in October 2024, which consists of a minimum of two assigned ARDOC staff to be added to ARDOC PREA Coordinator's team.

This auditor observed that within each of ARDOC's Prisons, the Deputy Warden, who also serves as the PREA Compliance Manager, was unable to sustain the fidelity, consistency, monitoring, and coordination of PREA efforts at the facility level. Through interviews and observations of each ARDOC facility processes, Deputy Wardens are rotated from one facility to another (based on ARDOC needs and other factors) at any time. The rotation requires the Deputy Warden/PREA Compliance Manager to continue the progress of PREA from a previous Deputy Warden/PREA Compliance Manager effort (even if the previous efforts were below par). PREA's success requires consistency to be sustained. This auditor assessed that each time a Deputy Warden/PREA Compliance Manager is rotated, PREA momentum was decreased/lost, resulting in some areas of PREA falling through the cracks. This auditor assessed that the ARDOC facilities who experience either less PREA Compliance Manager rotation -or- have a permanent (non-rotating) facility-based PREA support staff assisting the rotating Deputy Warden/PREA Compliance Manager

	with PREA-related responsibilities (some responsibilities or all), have shown more PREA consistency and compliance. This auditor recommended that ARDOC identify/designate a *"Facility-Based PREA Support Staff"* to sustain PREA consistency, by updating each rotating Deputy Warden/PREA Compliance Manager on the facility's current PREA progress and assist the rotating Deputy Warden/PREA Compliance Manager with continuing PREA-related progress (assist with some responsibilities or all). The addition of this facility-based PREA team would allow enough time for the rotating Deputy Warden/PREA Compliance Manager to effectively engage in their primary role and PREA responsibilities. This auditor shared that the position did not need to be a hired role. ARDOC's PREA Coordinator submitted *"Memos"* from 16 ARDOC Prisons whose inmate capacity requires additional support, sharing that they added an *"Assistant PREA Compliance Manager/PREA Compliance Manager Assistant"* (APCM/PCMA) to provide support to their Deputy Warden/PREA Compliance Manager. Within each submitted *"Memo,"* the Deputy Warden/PREA Compliance Manager identified their APCM/PCMA's name, the various capacities in which they provide PREA-related support. Additionally, this auditor had the opportunity to interact with 9 of the 16 added APCM/PCMAs and discuss the various support areas they completed to assist ARDOC's prison Deputy Wardens/PREA Compliance Managers. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.211.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.212. Arkansas Department of Corrections submitted in OAS 52 of their contracts for confinement. There were 6 with *"Contracted Re-Entry Facilities"* and 46 were with *"Contracted 309 Jails"* (through their *"309 Program"*). ARDOC's *"Contracted 309 Jails"* are agreements between ARDOC and participating county jails within the state, to provide confinement (bed space) at local county jails for specifically screened/charged ARDOC inmates. This auditor reviewed the 6 contracts ARDOC have with the *"Contracted Re-Entry Facilities*" whose contractual language states, *"The FACILITY shall allow access to facilities and records to the DIVISION as needed to perform the informal audit. The FACILITY shall provide to the DIVISION a certification of full compliance with the*

	PREA prior to August 19, 2026." This auditor reviewed the 46 contracts ARDOC has with *"Contracted 309 Jails"* whose contractual language states, *"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."* Additionally, ARDOC's PREA Coordinator shared that ARDOC has identified their Area Manager for Re-Entry Facilities as their PREA Contracts Monitor for their 6 *"Contracted Re-entry Facilities."* ARDOC have also identified their *"309 Coordinator"* and their Assistant PREA Coordinator as their PREA Contracts Monitors for their 46 *"Contracted 309 Jails."* Each PREA Compliance Monitors goals are to ensure each facility or jail contracting with ARDOC become PREA compliant through receiving a PREA Facility Audit and full compliance by August 19, 2026. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.212.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.213. Excerpts state, *"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.* *1. In calculating adequate Staffing levels and determining the need for video monitoring, Prisons shall take into consideration:* *a. Generally accepted detention and correctional practices;* *b. Any judicial findings of inadequacy;* *c. Any findings of inadequacy from federal investigative agencies;* *d. Any findings of inadequacy from internal or external oversight bodies;* *e. All components of the facility's physical plant, including blind spots or area where Staff or Offenders may be isolated;*

	f. The composition of the Offender population; *g. The number and placement of supervisory Staff;* *h. Institution programs occurring on a particular shift;* *i. Any applicable state or local laws, regulations, or standards;* *j. The prevalence of Substantiated and Unsubstantiated incidents of Sexual Abuse; and* *k. Any other relevant factors."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.213. While onsite, this auditor interviewed ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager, who shared that RLHC complies with the protocol identified in their staffing plan. She shared that when call-offs and time-offs occur, RLHC provides coverage through adjusting/rotating on-shift staffing as well as offering voluntary overtime. This allows RLHC's staffing plan and staffing coverage to remain fulfilled without deviations. This auditor also reviewed RLHC's *"Staffing Plan"* (March 2026) which documented RLHC's process of ensuring adequate staffing to protect residents from sexual abuse. RLHC'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. She explained that when there is a deviation from the staffing plan, and after all other above-mentioned alternatives have been exhausted, she will be contacted. This PREA auditor also observed the facility's staffing roster for the past 2 months, which seemed to have adequate staffing coverage to protect residents from sexual abuse. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.213

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies

	and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2025-02)” as evidence of compliance with PREA Standard 115.215. An excerpt states, *“(a) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female Offenders.* *(b) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in Exigent Circumstances or when performed by medical practitioners.* *(c) For a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female Offenders, absent Exigent Circumstances. Facilities shall not restrict female Offenders’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.* *(d) Offenders shall be permitted to shower, perform bodily functions, and change clothing without Staff of the opposite gender viewing their breasts, buttocks, or genitalia except in Exigent Circumstances or when such viewing is incidental to routine cell checks.* *(e) Staff of the opposite gender shall announce their presence when entering an Offender housing unit.* *(f) Staff shall be prohibited from searching or physically examining a Transgender or Intersex Offender for the sole purpose of determining the Offender’s genital status.”* This auditor reviewed “ARDOC’s Secretarial Directive (2025-02)” and concluded that it has the necessary language to align with PREA Standard 115.215. While on-site, this PREA auditor interviewed 17 randomly selected residents. Each resident verified that the RLHC staff complete wand, pat, visual checks of the ankles, waist, bags and shoes upon entry back into the facility. All RLHC staff were trained by one of ARDOC’s Lead Investigators to professionally and properly conduct a pat search in the event one is needed. Pat searches are primarily conducted by ARDOC’s Site Based Agent. When this auditor interviewed a random selection of 5 RLHC direct supervision staff and asked, *“Which gender staff pat searches a transgender or intersex?”* There were consistent responses from the 5 interviewed RLHC direct supervision staff, stating that they would utilize the *“Garrett Wand,”* utilize a same gender staff and complete visual checks. RLHC is an all-male facility. This auditor interviewed a random selection of 17 RLHC residents. There were 17 of the 17 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. Many interviewed residents shared that female staff knock and remain very mindful and respectful of their privacy when conducting routine checks.

	This auditor completed an exhaustive site review of the facility and observed that the level of privacy within each multi-occupant dorm room is adequate. Each dorm room has traditional bathrooms allowing one person to use the toilet, shower alone, and change their clothing with the door closed for privacy. Additionally, the 17 out of 17 interviewed residents stated that female staff do announce when they are entering the residents' rooms. This auditor interviewed a random selection of 5 direct supervision staff and asked if female staff announce prior to entering resident bathroom and sleeping quarters? Each staff member shared similar responses that they knock and announce prior to entering the rooms of residents. This was confirmed during resident interviews. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.215.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" 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 (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.216. This auditor interviewed ARDOC's Assistant Area Manager for Contracted Re-Entry Facilities/PREA Compliance Manager. She shared that RLHC provides translation/ interpretation to non-English speaking residents through staff who Spanish proficient staff and using *"Google Translate"* application on staff cellphones. Additionally, the Director of RLHC can utilize *American Sign Language* for deaf

	residents as well. This auditor interviewed a random selection of 5 direct supervision staff. Each direct supervision staff shared that they utilize RLHC's staff who are bilingual, which could translate if needed. Each staff interviewed also had cellphones to access *"Google Translate."* Staff also shared that all RLHC residents have their own personal cellphones to access translation applications. They stated that the use of other residents to translate is infrequently used. Finally, this auditor noted that there were no Limited English Proficient (LEP) residents within the facility during the onsite audit. This was confirmed by RLHC's Director. Finally, while on site, this auditor did observe PREA reporting postings throughout RLHC in English and Spanish. This auditor also reviewed the PREA Pamphlets in English and Spanish, as well as viewed PREA Resident Education videos in English, Spanish, and closed captioned for the hearing impaired. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.216.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Arkansas Department of Corrections (ARDOC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.217. Arkansas Department of Corrections submitted their "Arkansas Department of Corrections PREA Secretarial Directive (2025-03: Subject: Employment)" as evidence of compliance with PREA Standard 115.217. An excerpt states, *"The Department shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:* *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);* *Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or* *Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(ii) of this section."*

Arkansas Department of Corrections also submitted their “Arkansas Department of Corrections PREA Secretarial Directive (2025-01: Subject: PREA)” as evidence of compliance with PREA Standard 115.217. An excerpt states, *“The DOC shall perform a criminal background record check before enlisting the services of any Contractor who may have contact with Offenders.*

b. The DOC shall conduct criminal background record checks at least every five years of current employees and Contractors who may have contact with Offenders.”

This auditor reviewed “ARDOC’s Secretarial Directive (2025-03; Subject: Employment)” and (2025-02: Subject: PREA), concluding that they have the necessary language to align with PREA Standard 115.217.

While onsite, this PREA auditor interviewed ARDOC’s Assistant Area Manager for Contracted Re-Entry Facilities who serves as the Human Resource (HR) Liaison. She shared that background checks are conducted on all employees and contractors. They further shared that background screenings include ACIC (Arkansas Crime Information Center), NCIC (National Crime Information Center) fingerprinting, Court Connect (Open Cases review system), and Employee reference Checks. When this auditor asked about conducting 5-year background checks (on employees and contractors) and *“PREA Affirming Acknowledgement Disclosures”* for employees, she shared that they have been conducting annual background checks for employees and contractors beyond their initial background checks at each contract renewal period. Furthermore, they remain consistent in administering their *“PREA Affirming Acknowledgement Disclosures”* to all employees at hire, upon promotion, or as a part of performance reviews.

ARDOC’s Assistant Area Manager for Contracted Re-Entry Facilities submitted a 100% sample of all staff files for this auditor’s review. This auditor verified that RLHC completed new background checks of the 14 RLHC staff and contractors within the last year. Additionally, this auditor verified that all RLHC staff and contractors completed *“PREA Affirming Acknowledgement Disclosures.”*

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

- *Date and duration of employment;*
- *Current pay rate and wage history;*
- *Job description and duties;*
- *The last written performance evaluation prepared prior to the date of the request;*
- *Attendance information;*

	• *Results of drug or alcohol tests administered within one (1) year prior to the request;* • *Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;* • *Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and* • *Whether the employee is eligible for rehire."* This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.217.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek's (RLHC) CEO/Director shared that when acquiring the facility it had only two cameras. During their time at RLHC, they have installed 14 new recordable cameras for video monitoring, after completing an assessment to determine blind spot areas. They also installed locks on closets and counselor offices. Furthermore, RLHC has not made any substantial expansion to the existing facilities. The facility has a total of 16 interior and exterior cameras. While on site, this auditor also interviewed ARDOC's Area Manager for Contracted Reentry Facilities. Both shared that the addition of the 14 cameras at RLHC's was to improve video monitoring and supplemental supervision to enhance their ability to protect residents from sexual abuse. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.218.

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

	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" 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 (2025-02)" and "Coordinated Response Plan," concluding that it has the necessary language to align with PREA Standard 115.221. While onsite, this auditor interviewed ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager and ARDOC's Site Agent for RLHC. Both shared that they received specialized training through Court Appointed Special Advocates (CASA) to be staff victim advocates. ARDOC submitted *"Sexual Assault Victim Advocacy Training Acknowledge Forms"* in OAS supplemental files, as evidence of compliance with this 115.221 PREA Standard. This auditor also reviewed ARDOC's victim's advocate training PPT curriculum (50 slides), as well as accompanying supplemental individual/groups exercises and scenario exercises. During this auditor's interview with ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager and ARDOC's Site Agent for RLHC, both shared that RLHC transports victim residents to *"Baptist Health Medical Center"* for Sexual Abuse Nurse Examinations/Sexual Abuse Forensic Examinations (SANE/

	SAFE). RLHC victim advocates provide emotional support to those victims needing to go out for SANE/SAFE services. RLHC utilized the *Arkansas State Police*" *(ASP)* for all PREA sexual abuse criminal investigations. Additionally, while on site, this auditor interviewed a random selection of 17 RLHC residents. When this auditor asked about their knowledge of victim advocacy services provided for sexual abuse victims at RLHC, all 17 residents knew that ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager and ARDOC's Site Agent for RLHC were their specialized trained staff victim advocates. Each resident interviewed knew that both staff advocates were available for all resident victims of sexual abuse and emotional support for all RLHC residents. Finally, this auditor observed the posting of the victim advocacy access within the facility. Finally, this auditor also interviewed a random selection of 5 RLHC direct supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. All 5 interviewed direct supervision staff also shared their duties to preserve the potential crime scene to preserve usable evidence. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.221

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek 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 115.222. An excerpt states, *"All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports.* *2. 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. *3. 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 (2025-02),” concluding that it has the necessary language to align with PREA Standard 115.222. While onsite, this auditor also interviewed 3 ARDOC Administrative PREA Investigators assigned to investigations at all Reentry facilities. This auditor shared a scenario of a resident being sexually assaulted in the shower, and asked, *“What is the PREA Investigator’s coordinated responsibilities if a incident of sexual abuse is reported?* Both investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all interviewed PREA investigator’s training transcripts submitted by ARDOC’s PREA Coordinator. These training transcripts verified the specialized training both ARDOC PREA investigators received training through ARDOC’s 3-day *“Sexual Assault Investigation’s Training.”* This auditor reviewed ARDOC’s "*Coordinated Response Plan,”* which aligned with ARDOC’s PREA Investigator’s interview responses. Furthermore, ARDOC’s PREA Coordinator shared that ARDOC partners with "*Arkansas State Police*" *(ASP),* which is responsible for conducting PREA criminal investigations. This auditor verified this partnership through a call to ASP, who verified being the entity to conduct criminal investigations for ARDOC facilities. This auditor also reviewed ARDOC’s *“Coordinate Response Plan Manual.”* This manual describes the ARDOC’s responsibilities when conducting PREA administrative investigations. Moreover, this auditor interviewed a random selection of 11 RLHC specialized and direct supervision staff, 11 of 11 responded confidently to their knowledge as first responders and coordinated response. Finally, this auditor reviewed ARDOC’s website (***Prison Rape Elimination Act (PREA) - Arkansas Department of Corrections***) and observed their PREA Investigations policy which states, *“All allegations of sexual abuse are taken seriously. The AR DOC 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 Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.222.

115.231	**Employee training**

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" 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.

ii. 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 (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.231.

While onsite, this PREA interviewed 11 randomly selected direct supervision staff, specialized, support, volunteer, and contractors. Each acknowledged receiving PREA New Hire and/or PREA refresher training. Each knew their responsibilities as first responders and coordinated duties. This auditor also requested, received, and viewed the training files of the 11 randomly selected interviewed staff to verify up-to-date annual PREA training. ARDOC's Assistant Area Manager of Contracted Reentry Facilities/PREA Compliance Manager provided evidence for RLHC's electronic training tracking, which entailed the staff's name, name of the training

	course, the training type, and the date of training completion. The training information showed each staff member's training verification of attendance. 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. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.231.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.232. An excerpt states, *"All Volunteers and Contractors who have contact with Offenders shall be trained annually on the following:* *i. The DOC's policy of zero-tolerance regarding Sexual Abuse and Sexual Harassment and how to report such incidents.* *ii. Their responsibilities under the DOC's Sexual Abuse and Sexual Harassment policies and procedures.* *b. Training shall be based on the level and amount of contact the Volunteer or Contractor has with Offenders"* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.232. While onsite, this PREA interviewed 3 randomly selected contractors. They all acknowledged receiving PREA training and refresher training. They were able to thoroughly share their responsibilities if informed, observe, or gain knowledge of sexual abuse or sexual harassment. This auditor also requested, received, and

	viewed the training files of five randomly selected contractors. Additionally, ARDOC's Volunteer Mentor Coordinator submitted RLHC's *"PREA Contractor/ Volunteer Training Power Point"* and *"Contractor/Volunteer Acknowledgement Form."* The power point training and acknowledgement form covered the components identified in PREA Standard 115.231 and 115.232. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.232.

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.233. An excerpt states, *"1. During the intake process and at each facility, each Offender shall receive oral and written information about the DOC's zero-tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment.* *2. Each facility shall provide Offender education in formats accessible to all Offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for Offenders who have limited reading skills. 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.* *3. Each facility shall maintain documentation of participation in Offender education.* *4. 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 (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.233. While onsite, this auditor interviewed RLHC's Counselor in Training and State Certified Peer Support Specialist, who provides resident PREA education at intake.

	Both shared the process, which entailed residents viewing the PRC disseminated PREA Education video, followed by reviewing a PREA brochure, then reviewing and initialing ARDOC's *"PREA Offender Education"* checklist form. The *"PREA Offender Education"* checklist form entailed RLHC's zero tolerance for sexual abuse/sexual harassment, resident's rights, ways to report at RLHC, and access to victim advocacy and emotional support. Finally, the *"PREA Offender Education"* checklist form is signed by the staff providing the PREA education and the resident acknowledging their receipt and understanding. This auditor also interviewed 17 randomly selected RLHC residents. When this auditor asked each if they received PREA education during their intake, each shared that they did receive PREA education. Additionally, each could share details of their PREA education (video, brochure, or checklist review). This auditor also requested to see the completed/signed *"PREA Offender Education"* checklist of the randomly selection of 17 interviewed residents. ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager and ARDOC's Site Agent for RLHC submitted the *"PREA Offender Education*" checklist of the 17 interviewed resident, as evidence of compliance. Finally, during the onsite review, this auditor observed that RLHC's PREA education videos and PREA posted reporting signage were in English and Spanish. Additionally, this auditor other communicative avenues for a resident to report PREA. Additionally, 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 PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.233.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.234. An excerpt states, *"All employees who conduct Sexual Abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include:*

	a. Interviewing techniques for Sexual Abuse Victims. *b. Proper use of Miranda and Garrity warnings.* *c. Sexual Abuse evidence collection in confinement settings.* *d. Criteria and evidence required to substantiate a case for administrative action or prosecution referral."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.234. This PREA auditor also reviewed ARDOC's 6 module *"Specialized Investigator's Training"* in OAS, as evidence of compliance. The modules noted were as follows: 1. *Legal Issues and Liability* 2. *PREA Standards for Investigations* 3. *!st Responder Duties* 4. *Medical & Mental Health Care* 5. *Evidence Collection and* 6. *PREA Investigations: "Adult Interviewing and Report Writing."* All modules covered the necessary topics related to PREA's investigation standards. This auditor also interviewed 2 RLHC administrative PREA investigators. Both knew their responsibilities in, evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all three interviewed PREA investigator's training transcript, submitted by ARDOC's Assistant Area Manager of Contracted Reentry Facilities/PREA Compliance Manager in addition to the 10 other investigators that also could complete investigations. These training certificates verified the specialized training of all PREA investigators who received training in the classroom setting. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.234.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2025-02)” as evidence of compliance with PREA Standard 115.235. An excerpt states, *“All full and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training on the following:* *a. How to detect and assess signs of Sexual Abuse and Sexual Harassment.* *b. How to preserve physical evidence of Sexual Abuse.* *c. How to respond effectively and professionally to Victims of Sexual Abuse and Sexual Harassment.* *d. How and to whom to report allegations or suspicions of Sexual Abuse and Sexual Harassment.”* This auditor reviewed “ARDOC’s Secretarial Directive (2025-02)” 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 of RLHC and did not see a medical triage area or medical services at RLHC. This auditor interviewed RLHC’s CEO/Director who shared that RLHC primarily utilizes community-based services through *“Baptist Health Medical Center”* for medical services for their residents, as well as *“Lumina for Behavioral Health Treatment Center*" for mental/ behavioral health services. ARDOC’s Onsite Agent and RLHC’s Executive Assistant to the CEO/Director assists residents in navigating the services RLHC residents need. Additionally, RLHC’s CEO/Director shared that RLHC staff work together to ensure that the resident victims receive appropriate medical and mental health care, as well as emotional support provisions. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.235.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive

(2025-02)" as evidence of compliance with PREA Standard 115.241. Excerpts state, *"Each Offender shall be assessed during the intake screening within seventy-two (72) hours of arrival and upon each transfer to another facility. Each objective risk screening shall be face to face and include a review of any history of Sexual Abuse-Victimization or sexually predatory behavior. Only Staff who have completed PREA screening training may administer the assessment.*

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

a. Whether the Offender has a mental, physical, or developmental disability;

b. The age of the Offender;

c. The physical build of the Offender;

d. Whether the Offender has previously been incarcerated;

e. Whether the Offender's criminal history is exclusively nonviolent;

f. Whether the Offender has prior convictions for sex offenses against an adult or child;

g. Whether the Offender is or is perceived to be LGBTI or GNC;

h. Whether the Offender has previously experienced sexual Victimization; and

i. The Offender's own perception of vulnerability.."

This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.241.

While on site, this auditor reviewed the PREA Risk Screening tool in ARDOC's *"eOmis"* system (electronic offender management information system) with ARDOC's Site Based Agent, who primarily conducts "*PREA Risk Screenings*" in *"eOmis"* due to *"eOmis"* requiring special permissions/access. ARDOC's Site Based Agent shared that she is responsible for conducting "*PREA Risk Screenings*" upon the resident's arrival to RLHC. After combing through the risk assessment tool, this auditor observed that residents who are screened to have multiple individual risk factors for victimization; or are screened that has history of sexual victimization are automatically identified as "high risk of victimization" by the system. Additionally, residents who are screened to have multiple individual risk factors for abusiveness; or are screened that have history of sexual abusiveness/perpetration are identified as "high risk of abusiveness/perpetration" by the *"eOmis"* system.

Additionally, when this auditor interviewed ARDOC's Assistant Area Manager for Contracted Reentry Facilities and ARDOC's Site Based Agent for RLHC, both shared that ARDOC will not place or keep residents whose screening identifies them as "high risk of abusiveness/perpetration." Both further shared that those residents are returned to ARDOC facilities or a different contracted reentry facility. Furthermore,

	when this auditor asked ARDOC's Assistant Area Manager for Contracted Reentry Facilities and ARDOC's Site Agent for RLHC about their *"30-day PREA Risk Screening Reassessments,"* Both shared that they did not know RLHC was required to complete "*30-day PREA Risk Screening Reassessments"* on residents. This auditor interviewed 17 randomly selected RLHC residents. This auditor asked the residents if they recalled being asked specific questions when they arrived (this auditor detailed the specific questions that were asked). All 17 interviewed residents shared that they did recall being asked those specific screening questions. Also, the 17 interviewed shared that they did recall being asked those questions at intake. This auditor requested to see a random selection of 17 resident "PREA Risk Screenings" in *"eOmis."* RLHC provided 100% sample of all RLHC residents Initial and 30-day follow-up screenings. This auditor observed 57 out of 57 completed *"Initial PREA Risk Screenings*" and 55 out of 57 completed "*30-Day PREA Risk Screening Reassessments.*" This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.241.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.242. An excerpt states, *"If an Offender scores "at risk" for victimization, the designated Staff shall label them as Victim Prone in eOMIS.* *If an Offender scores "at risk" for abusiveness, the designated staff shall label them as a Potential Sexual Predator in eOMIS.* *The information from the PREA screening shall be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those Offenders who are prone to sexual Victimization from those who are prone to sexual aggression. The facility PCM is responsible for ensuring such separation.* *Placement decisions regarding Transgender and Intersex Offenders shall be individualized."*

	This auditor reviewed “ARDOC’s Secretarial Directive (2025-02),” concluding that it has the necessary language to align with PREA Standard 115.242. While onsite, this auditor interviewed 17 randomly selected RLHC residents. This auditor asked the residents if they recalled being asked specific questions when they arrived (this auditor detailed the specific questions that were asked). All 17 interviewed residents shared that they did recall being asked those specific screening questions. Additionally, this auditor interviewed ARDOC’s Assistant Area Manager for Contracted Reentry Facilities and ARDOC’s Site Agent for RLHC. Both shared that residents who are screened to be risk of sexual victimization receive a *“Victim Prone”* designation in ARDOC’s *“eOmis”* (electronic offender management information system). Residents who are screened to be risk of sexual abusiveness receive a *“Potential Sexual Predator”* designation in ARDOC’s *“eOmis.”* This designation follows a resident in *“eOmis.”* This designation also disallows staff from placing residents who are “Victim Prone” in the same housing location as residents who’s *“Potential Sexual Predators.”* Additionally, while on site, this auditor reviewed the PREA Risk Screening tool in ARDOC’s *“eOmis”* system (electronic offender management system) with ARDOC’s Site Agent for RLHC. ARDOC’s site Agent for RLHC primarily conducts "*PREA Risk Screenings*" in *“eOmis,”* due to *“eOmis”* requiring special permissions/access. This auditor also reviewed a random selection of resident names and their designation in *“eOmis.”* This auditor observed that each resident had a designation or no designation (no risk). When this auditor interviewed ARDOC’s Assistant Area Manager for Contracted Reentry Facilities and ARDOC’s Site Agent for RLHC, both shared that they did not house residents whose screening designates them as a *“Potential Sexual Predator,”* Both further shared that those residents are returned to ARDOC facilities or a different contracted reentry facility (i.e. Covenant Recovery Reentry). This auditor reviewed the bedding roster and did not observe any residents with victim or perpetrator designations placed in the same room with one another. Finally, this auditor asked RLHC’s CEO/Director if transgender resident’s own perception of their safety is taken into consideration. She stated that safety is a priority at RLHC and any mistreatment by another resident and/or staff can result in removal. Additionally, all residents are afforded the opportunity to shower alone and at preferred times. She also shared that all decisions made regarding transgender residents are through collaborative communication between ARDOC’s Area Manager and RLHC administrative team. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.242.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" 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; SD 2025-02 Page 8 of 15

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 (2025-02)," concluding that it has the necessary language to align with PREA Standard 115.251.

While onsite, this PREA auditor interviewed a random selection of 17 RLHC residents asking, *"Please share with me at least four different ways a resident can report an incident of sexual abuse or sexual harassment?"* There were 17 of 17 who shared 4 ways or more. More than 90% of the 17 total interviewed residents stated different staff names, avenues, and 3rd party ways to report. When this auditor conducted an exhaustive site review, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish.

Additionally, this auditor observed a *"Grievance Box"* in the main hallway. When this auditor asked the 17 interviewees the purpose of the *"Grievance Box,"* each

	resident shared that the *"Grievance Box"* is for residents to share unfair treatment or report PREA incidents. This was confirmed during this auditor's randomly selected interviews with 8 RLHC direct supervision staff, who shared that the *"Grievance Box"* is meant for confidential correspondence with the RLHC's. This auditor also reviewed ARDOC's Memorandum of Understanding (MOU) with *"Arkansas Commission on Law Enforcement Standards and Training" (CLEST).* CLEST is ARDOC's external reporting entity, who receives resident and inmate reports of sexual abuse. CLEST receives mail-in reports then immediately forwards all reports to ARDOC's PREA Coordinator. This auditor reached out to CLEST and spoke to a representative, who verified the MOU, as well as CLEST's responsibilities to receive and immediately forward reports of sexual abuse by an ARDOC inmate of resident. This auditor viewed RLHC's CLEST reporting signage on the walls near the residents' telephones. The posted signage had CLEST information, address, and contact personnel. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.251.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.252. 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 (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.252.

While onsite, this PREA auditor interviewed a random selection of 17 RLHC residents asking, *"Please share with me at least four different ways a resident can report an incident of sexual abuse or sexual harassment?"* There were 17 of 17 who shared 4 ways or more. More than 90% of the 17 total interviewed residents stated different staff names, written avenues, and 3rd party ways to report. When this auditor conducted an exhaustive site review, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish.

This auditor observed a *"Grievance Box"* in the main hallway. When this auditor asked the 17 interviewees the purpose of the *"Grievance Box,"* each resident similarly shared that the "Grievance Box" is for residents to share unfair treatment or report PREA incidents. This was confirmed during this auditor's randomly selected interviews with 5 RLHC direct supervision staff and 5 specialized, who shared that the *"Grievance Box"* is meant for confidential correspondence with RLHC's CEO/Director or her designee (CFO). When this auditor interviewed RLHC's CEO/Director and her designee (CFO), both individually shared that they check grievance daily. They further shared that they are the only RLHC personnel who has access to the *"Grievance Box,"* and if a PREA related grievance is received, they are immediately forward it to ARDOC's Area Manager for Contracted Reentry Facilities. ARDOC's Area Manager informs ARDOC's PREA Investigators who's assigned to investigate PREA incidents/reports at contracted reentry facilities.

This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.252.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.253. An excerpt states, *"Victim Advocacy Training - Employees designated to provide victim advocacy for Offenders when a community-based organization is not available must receive approved training as indicated for Victim advocates."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.253. This auditor also reviewed ARDOC's Coordinated Response Plan which states, *"If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization, a DOC staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews. Their role is to provide emotional support, crisis intervention services, information, and referrals. Please contact your facility PCM for a list of qualified agency staff members."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and "Coordinated Response Plan," concluding that it has the necessary language to align with PREA Standard 115.253. While onsite, this auditor interviewed ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager and ARDOC's Site Agent for RLHC. Both shared that they received specialized training through Court Appointed Special Advocates (CASA) to be staff victim advocates. ARDOC submitted *"Sexual Assault Victim Advocacy Training Acknowledge Forms"* in OAS supplemental files, as evidence of compliance with this 115.253 PREA Standard. This auditor also reviewed ARDOC's victim's advocate training PPT curriculum (50 slides), as well as accompanying supplemental individual/groups exercises and scenario exercises. Finally, during this auditor's interview with ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager and ARDOC's Site Agent for RLHC, both shared that RLHC transports victim residents to *"Baptist Health Medical Center"* for Sexual Abuse Nurse Examinations/Sexual Abuse Forensic Examinations (SANE/SAFE). RLHC victim advocates provide emotional support to those victims needing to go out for SANE/SAFE services. Additionally, while on site, this auditor interviewed a random selection of 17 RLHC residents. When this auditor asked about their knowledge of victim advocacy services provided for sexual abuse victims at RLHC, all 17 residents knew that ARDOC's Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager and ARDOC's Site Agent for RLHC were their specialized trained staff victim advocates. Each resident interviewed knew that both staff advocates were available for all resident victims of sexual abuse and emotional support for all RLHC

	residents. Finally, this auditor observed postings throughout RLHC (English and Spanish), sharing additional external support for survivors of sexual abuse through the *“National Sexual Assault Hotline*" 1 (800) 656-4673. Finally, this auditor also interviewed a random selection of 5 RLHC direct supervision staff. This auditor shared a scenario with each direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the direct supervision staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. All 5 interviewed direct supervision staff also shared their duties to preserve the potential crime scene to preserve usable evidence. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.253.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the “Arkansas Department of Corrections PREA Secretarial Directive (2025-02)” as evidence of compliance with PREA Standard 115.254. An excerpt states, *“Offenders may report Sexual Abuse and Sexual Harassment, Retaliation by other Offenders or Staff, and Staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:* *a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;* *b. Telling any Staff member;* *c. Writing a note or request to any Staff member;* *d. Sending correspondence to the PREA Coordinator;* *e. Sending correspondence to the designated external agency;* *f. Sending confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated as legal mail;*

g. Utilizing the Offender Grievance Procedure; or

h. Having a family member or friend make a report to the 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 (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.254.

While on site, this auditor interviewed a random selection of 17 residents, asking of ways an RHLC resident could report sexual abuse or sexual harassment. There were 16 out of 17 who responded that they could report through a 3rd Party. The remaining resident required light prompting before mentioning a 3rd party as a reporting option. This auditor also reviewed RHLC's *"Resident Pamphlet,"* which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting inmate). 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***). 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.

This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.254.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.261. An excerpt states, *"Staff members shall immediately report all knowledge, suspicions, or information of an incident of a sexual offense within DOC or any other correctional facility. They shall also report any Retaliation against someone who has reported such an incident and any knowledge of Staff who neglect to report the above incidents or who, through neglect of duty or violation of responsibilities, may have*

	contributed to an incident occurring. Staff can privately report Offender Sexual Abuse and Sexual Harassment directly to the warden or deputy warden of the facility, or by contacting the PREA Hotline." This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.261. While onsite, this auditor interviewed 11 randomly selected RLHC specialized staff, direct supervision staff, volunteers, and contractors. Each knew their coordinated responsibilities if informed, suspects, receive information, or become aware of sexual abuse at RLHC. Finally, this auditor interviewed 17 randomly selected residents. Each interviewed resident shared that staff immediately respond to reports of sexual abuse or sexual harassment. Finally, this auditor reviewed RLHC'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 Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.261.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.262. An excerpt states, *"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."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.262. While onsite, this auditor also interviewed 11 randomly selected RLHC specialized staff, direct supervision staff, and contractors, asking the question, *"If you learn that a resident may be at imminent risk of sexual abuse, what steps you would take to protect?"* There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff/ARDOC's PREA Compliance Manager, recommending changing dorm rooms, or programming adjustments. Finally, this auditor interviewed 17 randomly selected residents. Each

	interviewed resident shared that staff protects vulnerable residents, and they immediately respond to any reports of resident risk of sexual abuse or sexual harassment. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.262.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.263. An excerpt states, "*Within seventy-two (72) hours of receiving an allegation that an Offender was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the incident occurred.* *The notification shall be documented. All allegations received from other facilities shall be investigated in accordance with the PREA Standards. The incident report and investigation shall be completed by the facility where the incident occurred.*" This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.263. While on site, this auditor interviewed ARDOC's Area Manager for Contracted Reentry Facilities, who shared that if a RLHC resident reports sexual abuse stemming from a previous facility, ARDOC will provide a written notice to the facility within 72 hours, and ARDOC's PREA Investigators assigned to contracted reentry facilities will provide support to the previous facility investigators throughout the investigation. This auditor asked ARDOC's Area Manager and RLHC's CEO/Director if RLHC received any reports from residents within the last 1-3 years. Both shared that RLHC has not received any report from their residents of sexual abuse from their previous facilities. ARDOC's Area Manager for Contracted Reentry Facilities provided this auditor with a fillable template memo that ARDOC utilizes to *"Report to Other Confinement Facility."* This template memo aligns with PREA Standard 115.263. This memo can be used by ARDOC's Area Manager for Contracted Reentry Facilities to inform other confinement facility heads of sexual abuse incidents which occurred at a previous

	confinement facility and was reported by an RLHC resident. Finally, this auditor interviewed 17 randomly selected residents. Each interviewed resident shared they have not reported or have not been informed by another resident that they were a victim of unreported sexual abuse. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.263.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.264. Excerpts state, *"Upon learning that an Offender was sexually abused, the Staff member shall immediately ensure the safety of the Victim while reporting the information to the shift supervisor. The shift supervisor shall activate the Coordinated Response Plan and ensure the following steps have been taken:* *a. The separation of the Victim and Perpetrator.* *b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.* *i. The only persons permitted to enter a secured crime scene shall be Arkansas State Police, the assigned investigator, or medical Staff as needed.* *ii. The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.* *c. If the abuse occurred within the previous ninety-six (96) hours, request that the Victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;* *d. If the abuse occurred within the previous ninety-six (96) hours, ensure that the Perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;*

	e. The PREA checklist will be initiated immediately by the First Responder." This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.264. While on site, this auditor interviewed 17 randomly selected residents. Each resident shared that they felt comfortable informing staff of any PREA-related incident. Each interviewed resident also shared that staff protect vulnerable residents, and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment. This auditor also interviewed a random selection of 11 specialized staff, volunteers, and direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the room area and the victim immediately runs out and reports the assault to the interviewed staff. There were 100% (11/11) interviewed staff who knew their first responder duties. All staff interviewed knew their roles ranging from their initial response of separating and calling for assistance to crime scene preservation, suggesting/requesting residents not to change clothing, use the toilet, or shower. Finally, this auditor reviewed RLHC's training curriculum, which contained all the first responder duty deliverables within its information. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.264.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.265. An excerpt states, "*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 2025-02. For update inquiries, please email DOCPREACOORDINATOR@doc.arkansas.gov"* 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, ***"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.*" This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.265. While on site, this auditor also interviewed 11 specialized staff, contractors, volunteers, and direct supervision staff. This auditor shared a scenario of a sexual assault occurring in the room area and the victim immediately runs out and reports the assault to the interviewed staff. One hundred percent (11 of the 11) interviewed staff who knew their first responder duties. Staff were consistent in responses from separating and calling for assistance to crime scene preservation and suggesting/ requesting residents not to change clothing, use the toilet, or shower. Furthermore, this auditor asked each interviewed specialized staff (medical, mental health, facility supervisory, PREA Compliance Manager, etc.) their coordinated responsibilities if an inmate is sexually abused while they are on duty (not the 1st Responder). Each member of staff knew their coordinated responsibilities. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.265.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. This PREA Auditor did not receive any pre-audit documents by Renu Life at Hidden Creek (RLHC), 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 CEO/Director of RLHC. Each individually affirmed that they are not a union and that ARDOC and RLHC have not engaged in collective bargaining on their agency's behalf or renewed any collective bargaining agreement or other agreement. Additionally, during this auditor's interview with 5 randomly selected specialized and 5 direct supervision staff members, they were asked if they were union employees and all employees stated that they were non-union employees. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.266.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.267. An excerpt states, *"Retaliation by or against any Staff, Offender, or witness involved in a complaint or report of Sexual Abuse or Sexual Harassment is strictly prohibited. Retaliation, in and of itself, shall be investigated and may constitute grounds for disciplinary action.* 1. *The PCM at each facility shall be responsible for monitoring Retaliation.* 2. *Monitoring shall occur for at least ninety (90) days following an allegation of Sexual Abuse or Sexual Harassment. Monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need. Monitoring shall cease if the investigation determines that the allegation is Unfounded.* 3. *When monitoring Offenders, periodic status checks shall be conducted by the PCM as needed, but at least once every thirty (30) days. Status checks*

shall be conducted more often if concerns are expressed by the Offender.

4. *Emotional support services shall be provided as well as appropriate measures taken to protect any individual who expresses a fear of Retaliation."*

This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.267.

While onsite, this auditor also interviewed 3 ARDOC Administrative PREA Investigators assigned to investigations at contracted reentry facilities. 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. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed the 3 interviewed PREA investigator's training transcript submitted by ARDOC's PREA Coordinator. These training transcripts verified the specialized training both 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.

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 ARDOC site staff. This auditor was able to view and receive a blank *"Retaliation Monitoring Form,"* which consisted of housing and program monitoring, face-to-face status checks (with signature), mental health requests, and disciplinary report reviews by the staff monitor. ARDOC's PC further shared that she sends email reminders (with 30, 60, or 90 retaliation monitoring forms attached) to all PCMs at the commencement of the investigation.

This auditor requested to review PREA investigations within the past 12 months. ARDOC's 2 assigned PREA Investigators and ARDOC's Area Manager for Contracted Reentry Facilities shared that RLHC has not had any sexual abuse or sexual harassment investigations within the past 12 months. ARDOC's Area Manager for Contracted Reentry Facilities shared that a step in retaliation protections/ monitoring, the alleged perpetrator would likely be relocated to another facility during the investigation. Finally, this auditor interviewed 17 randomly selected RLHC residents asking, *"Have you reported or has there been any reports of sexual abuse of sexual harassment at RLHC since you've been here?"* Each interviewed resident shared that they have not reported sexual abuse or sexual harassment, and do not recall any incidents of sexual abuse or sexual harassment that has occurred at RLHC.

This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.267.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.271. An excerpt states, *"All allegations of Sexual Abuse and Sexual Harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports. A PREA investigation shall be initiated within twenty-four (24) hours of the incident upon report to the facility or DOC investigator or as soon as possible if referred for investigation to the "Arkansas State Police" (ASP). ASP shall be notified once the quality of evidence appears to support criminal prosecution.* *Investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of Sexual Abuse involving the suspected Perpetrator, and investigative facts and findings. All investigations shall be consistent with the most updated version of the Coordinated Response Plan."* This auditor reviewed "ARDOC's Secretarial Directive (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 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, ***"INVESTIGATIONS:*** ***PREA Investigator: The PREA investigator shall follow the following process to investigate allegations of sexual abuse:*** *1) Initiate the PREA investigation process within 24 hours or as circumstances dictate.* *a. Gather and preserve physical and DNA evidence and available electronic monitoring data.* *b. Interview victims, perpetrators, and witnesses.*

	i. Ask the victim if they would like a victim advocate or qualified staff member to provide emotional support PRIOR to interviewing. *c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.* *d. Assess the credibility of victims, perpetrators, and witnesses on an individual basis and not by the person's status as adult in custody or staff.* *2) Investigative report must include the following:* *a. Description of the physical and testimonial evidence* *b. Reasoning behind credibility assessment* *c. Investigative facts and findings* *3) Ensure all reports, evidence, and documentation are uploaded to eOMIS and referred to the PREA compliance manager at the completion of the investigation.* ***PREA Compliance Manager: Upon notification of an incident of sexual abuse, the PREA Compliance Manager shall complete the following duties:*** *1) Correspond with a victim advocate or qualified advocate if the victim would like emotional support during the investigative process.* *2) Ensure the investigator assigned has completed Sexual Abuse Investigation Training (SAIT).* *3) In allegations of sexual abuse by staff, contractor, or volunteer, consult the allegation with Warden to determine a course of action.* *a. Separation of perpetrator from the victim.* *i. Administrative leave* *ii. Post reassignment Facility reassignment (if reasonable)* *4) Monitor and provide technical resources to the PREA investigator.* *5) Initiate retaliation monitoring ("Retaliation Assessment Form").* *6) Review all documentation included in the investigative packet and refer the incident to the warden for further review.* ***Warden: Upon notification of an alleged incident of sexual abuse, the warden shall:*** *1) Ensure separation between the victim and perpetrator.* *2) Forward all sexual abuse investigations to Internal Affairs for review and further investigation.*

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

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

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

An additional excerpt from ARDOC's "PREA Secretarial Directive (SD 2025-01)" 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."* Furthermore, this auditor reviewed ARDOC's "Internal Affairs Secretarial Directive (SD 2025-02)" which 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 (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.271.

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

This auditor interviewed ARDOC's Internal Affairs (IA) Manager, who shared that they are responsible for reviewing and further investigating all PREA allegations, reports, or incidents of sexual abuse. IA works with the Arkansas State Police during the investigative process. ARDOC's Internal Affairs Division (IAD) no longer require residents who allege sexual abuse to submit to an IAD administered CVSA "voice stress test" (polygraph examination or other truth-telling devices). They rather advise the resident of the test with the understanding that it is strictly voluntary. If a resident wants to be administered the CVSA, a consent form is given before proceeding forward with the test. ARDOC's Internal Affairs ARDOC's PC, who formulates an inmate notification (for sexual abuse) to be shared with the victim.

This auditor requested to review PREA investigations within the past 12 months.

	RLHC's PREA Compliance Manager and 2 Administrative Investigators shared that RLHC had no PREA investigations within the past 12 months. This auditor inquired about the contents of an investigation file if a PREA investigation was to occur. They provided an example file which demonstrated structure to conduct a proper review. They also provided *"Retaliation Monitoring"* documentation that is completed. They also provided the *"PREA Investigation Determination Cover Sheet"* (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being "unsubstantiated," "substantiated," or "unfounded"). Finally, this auditor interviewed 17 randomly selected RLHC residents asking, *"Have you reported or has there been any reports of sexual abuse of sexual harassment at RLHC since you've been here?"* Each interviewed resident shared that they have not reported sexual abuse or sexual harassment, and do not recall any incidents of sexual abuse or sexual harassment occurring at RLHC. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.271.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" #1A-27 as evidence of compliance with PREA Standard 115.272. An excerpt states, *"No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of Sexual Abuse or Sexual Harassment are Substantiated for administrative investigations."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.272. This PREA auditor also reviewed ARDOC's "Coordinated Response Plan," which discusses the conduct of Administrative PREA Investigations. Excerpts from ARDOC's "Coordinated Response Plan" ARDOC's "Coordinated Response Plan," states, ***DETERMINATION OF FINDINGS:*** *All sexual abuse allegations will receive an Internal Affairs investigation. The*

Internal Affairs Administrator, Deputy Director, Director, and Secretary will determine the investigative outcome for all sexual abuse investigations. There are three potential investigative outcomes for sexual abuse investigations:

1. ***Substantiated:*** *Allegation was determined to have occurred*
2. ***Unsubstantiated:*** *Investigation produced insufficient evidence to make a final determination*
3. ***Unfounded:*** *Allegation was determined to not have occurred*"

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

This auditor requested to see a random selection of completed PREA Administrative Investigations within the last 12 months. ARDOC's designated Administrative PREA Investigators shared that there have been 0 PREA investigations in the past 12 months at RLHC. This was confirmed by ARDOC's PREA Coordinator, as well as ARDOC Area Manager for Contracted Reentry facilities. This auditor requested and reviewed a completed investigation from another ARDOC contracted reentry facility, to gain insight into ARDOC PREA Investigator's reporting style and investigation content. The reviewed investigation file submitted was neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. They also provided the *"PREA Investigation Determination Cover Sheet"* (which shares the preponderance of evidence outcomes of the PREA Administrative Investigation as either being "unsubstantiated," "substantiated," or "unfounded").

Finally, this auditor interviewed 17 randomly selected RLHC residents asking, *"Have you reported or has there been any reports of sexual abuse of sexual harassment at RLHC since you've been here?"* Each interviewed resident shared that they have not reported sexual abuse or sexual harassment, and do not recall any incidents of sexual abuse or sexual harassment occurring at RLHC.

This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.272.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" #1A-27 as evidence of compliance with PREA Standard 115.273. It 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 auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.273. 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, ***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 ARDOC Administrative PREA Investigators assigned to investigations at contracted reentry facilities. This auditor shared a scenario of a resident being sexually assaulted in the shower, and asked, *"What is the assigned PREA Investigator's coordinated responsibilities when an incident of sexual abuse is reported?*" All 3 investigators knew their responsibilities of evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. All investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed all 3 interviewed PREA investigator's training transcript submitted by ARDOC's PREA Coordinator. These training transcripts verified the specialized training both ARDOC PREA investigators received training through ARDOC's 3-day *"Sexual Assault Investigation's Training."* This auditor requested to see a random selection of completed PREA Administrative Investigations within the last 12 months. ARDOC's designated Administrative PREA Investigators shared that there have been 0 PREA investigations in the past 12 months at RLHC. This was confirmed by ARDOC's PREA Coordinator (PC), as well as ARDOC's Area Manager for Contracted Reentry facilities. This auditor requested and reviewed a completed investigation from another ARDOC contracted reentry facility, to gain insight into ARDOC PREA Investigator's reporting style and investigation content. The reviewed investigation file submitted was neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, and a *"Notice of PREA Investigation Status"* (resident notification) present in the completed file. This auditor interviewed ARDOC's PC, she shared that at the conclusion of all PREA 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"* (resident notification) 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"* (resident notification) is this uploaded in ARDOC's *"eOmis*" system. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.273.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.276. An excerpt states, *"a. Staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies.* *b. Termination shall be the presumptive disciplinary sanction for Staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.* *c. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the Staff member's disciplinary history.* *d. All terminations for Sexual Abuse, or resignations of Staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and concluded that it has the necessary language to align with PREA Standard 115.276. While on site, this auditor interviewed ARDOC's Assistant Area Manager for Contracted Reentry Facilities who further shared that ARDOC's and RLHC's responses 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 Area Manager and PREA Coordinator. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.276.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.277. An excerpt states, *"a. Staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies.* *b. Termination shall be the presumptive disciplinary sanction for Staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.* *c. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the Staff member's disciplinary history.* *d. All terminations for Sexual Abuse, or resignations of Staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.277. While on site, this auditor interviewed ARDOC's Area Manager for Contracted Reentry Facilities who further shared that ARDOC's and RLHC'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 ARDOC's Area Manager and PREA Coordinator. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.277.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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.
Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.278. An excerpt states, *"a. Offenders may be disciplined for Substantiated incidents of Offender-on-Offender Sexual Abuse. If an Offender has pending disciplinary sanctions for Offender-on-Offender Sexual Abuse, consideration shall be given as to whether the Offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed.*

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

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

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

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

i. Calling about a non-PREA related issue;

ii. Repeatedly calling about the same allegation; or

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

This auditor also reviewed "Arkansas Department of Corrections Administrative Directive (2025-04)-Inmate 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 (2025-04) identifies the following acts are considered **CLASS A** penalty class behaviors. **CLASS A** behaviors are the highest disciplinary behaviors within all ARDOC's facilities. The PREA related behaviors are as follows:

SEXUAL ACTIVITY CATEGORIES

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

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

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

10-4. Bestiality.

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

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

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

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

This auditor reviewed "ARDOC's Secretarial Directive (2025-02)" and "Administrative Directive (2024-04)," concluding that both has the necessary language to align with PREA Standard 115.278.

While onsite, this auditor interviewed 17 residents and asked about RLHC'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 ARDOC facilities, specifically RLHC. Each interviewed resident stated that sexual abuse is not tolerated and is a **CLASS A** infraction. This PREA auditor also interviewed ARDOC's Area Manager for Contracted Reentry Facilities and PREA Coordinator. Both individually shared that RLHC's protocol on substantiated resident-on-resident sexual abuse investigations. Both were aligned with ARDOC's above-mentioned directives on resident sanctions for sexual abuse/sexual harassment. ARDOC's Area Manager for Contracted Reentry Facilities also shared that sanctions for residents may be removal from RLHC's program and transferred

	back to an ARDOC facility of higher custody/security. Finally, ARDOC's Area Manager for Contracted Reentry Facilities and PREA Coordinator 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. Each also shared that the disciplinary committee does take into consideration any diagnosed/documented history of mental health/mental disabilities prior to making sanction determinations. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) 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 Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" 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 (2025-02)" 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 of RLHC and did not see a medical triage area or medical services at RLHC. This auditor interviewed RLHC's CEO/Director who shared that RLHC primarily utilizes *"Baptist Health Medical Center"* for medical services for their residents, as well as *"Lumina for Behavioral Health Treatment Center*" for mental/behavioral health services for RLHC residents. ARDOC's Onsite Agent and RLHC's Executive Assistant to the CEO/Director assists residents in navigating the services RLHC residents need. RLHC's CEO/Director further shared that medical and mental health decisions are made based on Baptist and Lumina team's professional judgements, and victims' residents are informed about emergency contraception by the local hospital they are taken to and followed up by RLHC (or the hospital based on the scope of follow-up). Additionally, RLCH's CEO/Director shared that RLHC staff work together to ensure that the resident victims receive appropriate medical and mental health care, as well as emotional support provisions. RLHC resident victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/ serious medical services. Finally, RLHC's CEO/Director 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 17 residents, asking about the effectiveness of medical and mental health care. All 17 residents shared positive responses about the provision of support and assistance by RLHC and ARDOC team of staff. There was consistency in responses to "sick residents" turnaround time is within 24 hours. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.282.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.283. 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 (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.283. While on site, this auditor conducted an exhaustive site review of RLHC and did not see a medical triage area or medical services at RLHC. This auditor interviewed RLCH's CEO/Director who shared that RLHC primarily utilizes *"Baptist Health Medical Center"* for medical services for their residents, as well as *"Lumina for Behavioral Health Treatment Center*" for mental/behavioral health services for RLHC residents. ARDOC's Onsite Agent and RLHC's Executive Assistant to the CEO/Director assists residents in navigating the services RLHC residents need. RLHC's CEO/Director further shared that medical and mental health decisions are made based on Baptist and Lumina team's professional judgements, and victims' residents are informed about emergency contraception by the local hospital they are taken to and followed up by RLHC (or the hospital based on the scope of follow-up). Additionally, RLCH's CEO/Director shared that RLHC staff work together to ensure that the resident victims receive appropriate medical and mental health care, as well as emotional support provisions. RLHC resident victims of sexual abuse receive unimpeded access to medical services with community partner hospitals for acute/ serious medical services. Finally, RLHC's CEO/Director shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. RLHC's CEO/Director further stated that victim's residents are offered sexually transmitted infections tests, informs about emergency contraception, and provided follow-up medical services through the local hospital who the resident is transported. Finally, this auditor interviewed a random selection of 17 residents, asking about the effectiveness of medical and mental health care. All 17 residents shared positive responses about the provision of support and assistance by RLHC and ARDOC team of staff. There was consistency in responses to "sick residents" turnaround time is within 24 hours. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.283.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02)" as evidence of compliance with PREA Standard 115.286. An excerpt states, *"All facilities shall conduct a review, ordinarily within thirty (30) days, at the conclusion of every Sexual Abuse investigation unless the allegation was determined to be Unfounded. An investigation shall be deemed to be concluded upon the review and approval of the investigation report by the Internal Affairs Division, Division Director, and the Secretary. The review team shall consist of upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:* *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 (2025-02)" and has concluded that it has the necessary language to align with PREA Standard 115.286. While on site, this auditor interviewed ARDOC's PREA Coordinator (PC) and Assistant Area Manager for Contracted Reentry Facilities/PREA Compliance Manager (PCM).

	Both shared that *Sexual Abuse Incident Reviews (SAIR)* occur within 30 days of the conclusion of sexual abuse investigations. The SAIR team includes ARDOC's PC, the facility's PCM, PREA Investigator, Warden, Mental/Medical representative, and Security Staff. This auditor requested to see a random selection of SAIR's from completed sexual abuse investigations which occurred within the past 12 months. ARDOC's PREA Coordinator shared that RLHC has not had any sexual abuse investigations in the past 12 months. In fact, according to ARDOC's PREA Coordinator and Assistant Area Manager for Contracted Reentry Facilities/PCM, RLHC has not had any PREA related investigations in the past 12-24 months. However, ARDOC's PREA Coordinator submitted ARDOC's *"30-Day Sexual Abuse Incident Review"* form used when review meeting occurs. The form contained all the components which align with PREA Standard 115.286. The review questions within ARDOC's *"30-Day Sexual Abuse Incident Review"* included: 1. *Identifying whether the allegation or investigation indicates a need to change ARDOC's policy or practice to better prevent, detect, or respond to sexual abuse.* 2. *Identifying whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.* 3. *Assessing the area in the facility where the incident allegedly occurred to assess whether blind spots or barriers in the area may enable abuse.* 4. *Assessing staffing levels in that area during the shift at the time of the incident.* 5. *Assessing whether there's a need for video/audio monitoring technology to supplement supervision by staff.* ARDOC's *"30-Day Sexual Abuse Incident Review"* form culminates to a findings and recommendations section, which determines need based on the above-mentioned assessments by the SAIR team. Finally, this auditor interviewed 17 randomly selected RLHC residents asking, *"Have you reported or has there been any reports of sexual abuse of sexual harassment at RLHC since you've been here?"* Each interviewed resident shared that they have not reported sexual abuse or sexual harassment, and do not recall any incidents of sexual abuse or sexual harassment that has occurred at RLHC. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.286.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02: Subject: PREA)" as evidence of compliance with PREA Standard 115.287. An excerpt states, *"1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.* *2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.* *3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.* *4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.* *5. Aggregated data collected shall be made available to the public annually through the DOC website.* *6. All case records associated with claims of sexual offenses, including incident reports, investigation reports, Offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, shall be retained in accordance with the records retention schedule."* This auditor reviewed "ARDOC's Secretarial Directive (2025-02: 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. 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. 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, ARDOC's IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years. This auditor reviewed annual reports on ARDOC's website from 2015 through 2024. Each report contained corrective actions taken. Renu Life at Hidden Creek is conducting its second facility audit in this 1st year of this 5th cycle. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.287.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive (2025-02: Subject: PREA)" as evidence of compliance with PREA Standard 115.288. An excerpt states, *"1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.* *2. Each facility shall document the number of allegations, completed investigations, and investigative outcomes in a monthly report. The report shall be submitted to the PREA Coordinator along with the facilities tracking spreadsheet.* *3. All data from available incident-based documents related to allegations of Sexual Abuse shall be collected, reviewed, and maintained as needed.* *4. Data shall be obtained from each private facility which contracts for the confinement of DOC Offenders.* *5. Aggregated data collected shall be made available to the public annually through the DOC website.*

	6. All case records associated with claims of sexual offenses, including incident reports, investigation reports, Offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, shall be retained in accordance with the records retention schedule." This auditor reviewed "ARDOC's Secretarial Directive (2025-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.288. 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. 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, ARDOC's IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years. This auditor reviewed annual reports on ARDOC's website from 2015 through 2024. Each report contained corrective actions taken. Renu Life at Hidden Creek is conducting their second facility audit in this 1st year of this 5th cycle. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.288.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC) 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. Renu Life at Hidden Creek follows the Arkansas Department of Corrections policies and submitted the "Arkansas Department of Corrections PREA Secretarial Directive

(2025-02: Subject: PREA)" as evidence of compliance with PREA Standard 115.289. An excerpt states, *"1. Data shall be collected for every allegation of Sexual Abuse using the PREA investigating screens in eOMIS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions. All data collected shall be securely retained.*

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

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

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

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

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

This auditor reviewed "ARDOC's Secretarial Directive (2025-02: Subject: PREA) and concludes that they have the necessary language to align with PREA Standard 115.289.

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. 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, ARDOC's IT/Social Media Manager shared that ARDOC PREA-related documents are still available for up to 10 years. This auditor reviewed annual reports on ARDOC's website from 2015 through 2024. Each report contained corrective actions taken. Renu Life at Hidden Creek is conducting their second

	facility audit in this 1st year of this 5th cycle. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.289.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Renu Life at Hidden Creek (RLHC) understands PREA Standard 115.401, which states, *“During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.”* This auditor interviewed ARDOC's Secretary of Corrections (agency head), who shared that she and Arkansas Governor support and are committed to their facilities receiving PREA Audits during this 1st year of this 5th Cycle. Renu Life at Hidden Creek plans to continue to have a PREA audit conducted every three years. This is RLHC’s second PREA Facility Audit in the first year of this current audit cycle. This auditor had access to, and the ability to observe, all areas of Renu Life at Hidden Creek. 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. RLHC residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. This PREA auditor concludes that Renu Life at Hidden Creek (RLHC) is in compliance with PREA Standard 115.401.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Renu Life at Hidden Creek (RLHC), 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. 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).

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.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
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
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
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 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?	yes
	Does the agency take appropriate steps to ensure that residents	yes

	with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech 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: 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 expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident	yes

	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?	
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	yes

	contact with residents?	
	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 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?	yes

	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 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	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.)	
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 advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	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 investigation is completed for all allegations of sexual harassment?	yes
115.222	**Policies to ensure referrals of allegations for investigations**	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
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.	na
	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 resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	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 sexual abuse victims?(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: 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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
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.)	na
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.)	na
	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.)	na
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 toward other residents?	yes
	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.	na
	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	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
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 (h)	**Screening for risk of victimization and abusiveness**	
	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.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	third parties?	
	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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
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	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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 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.)	yes
	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	yes

	exempt from this standard.)	
	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 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.)	yes
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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against 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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that 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	yes

	actions that could destroy physical evidence, and then notify security staff?	
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	yes

	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?	
	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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (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 (h)	**Criminal and administrative agency investigations**	
	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 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.)	yes
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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following 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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (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	**Disciplinary sanctions for staff**	

(b)		
	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 condition of access to programming and other benefits?	yes
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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (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	yes

	facility?	
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 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.)	na
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	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 necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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	yes

	and security of a facility?	
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.)	yes
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.)	yes
	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.)	na
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 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse 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.)	yes