

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>		Federal Detention Center (FDC) Honolulu	
<b>Physical address:</b>		351 Elliot Street, Honolulu, HI 96819	
<b>Date report submitted:</b>			
<b>Auditor Information</b>		<b>Glynn Maddox – The Nakamoto Group</b>	
<b>Address:</b>		11820 Parklawn Drive, Suite 240 Rockville, MD 20852	
<b>Email:</b>		Glynn.Maddox@nakamotogroup.com	
<b>Telephone number:</b>		478.278.8022	
<b>Date of facility visit:</b>		January 13-15, 2015	
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>		N/A	
<b>Telephone number:</b>		808-838-4200	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>		Linda Geter	<b>Title:</b> Associate Warden/PREA Compliance Manager
<b>Email address:</b> HON/PREAComplianceManager@bop.gov		<b>Telephone number:</b>	808-838-4200
<b>Agency Information</b>			
<b>Name of agency:</b>		Federal Bureau of Prisons	
<b>Governing authority or parent agency: (if applicable)</b>		U.S. Department of Justice	
<b>Physical address:</b>			

320 First St., NW, Washington, DC 20534			
<b>Mailing address:</b> <i>(if different from above)</i>		N/A	
<b>Telephone number:</b>		202-307-3198	
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Charles E. Samuels, Jr.	<b>Title:</b>	Director
<b>Email address:</b>	BOP-CPD/PREA COORDINATOR@BOP.GOV	<b>Telephone number:</b>	202-514-4919
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Alix McLearen	<b>Title:</b>	National PREA Coordinator
<b>Email address:</b>	BOP-CPD/PREA COORDINATOR@BOP.GOV	<b>Telephone number:</b>	202-514-4919

## AUDIT FINDINGS

### NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Federal Detention Center (FDC) was conducted January 13-15, 2015. The center is a 689 bed facility that houses both male and female federal pre-trial inmates, Immigration and Customs Enforcement (ICE) detainees and Hawaii state prisoners. The average daily population during the audit period was 442.

The standards used for this audit became effective August 20, 2012. The auditor was advised that the Director of the Federal Bureau of Prisons (BOP) directed the Warden to implement the provisions of the PREA over one year ago. The auditor discussed the data contained in the Pre-Audit Questionnaire with the PREA Compliance Manager. The National PREA Coordinator for the BOP was interviewed telephonically as was a designee of the Director of the BOP and the BOP National PREA Contract Administrator. As part of the audit, a review of all PREA Policy and a tour of all areas of the facility were completed. Twelve (12) randomly selected inmates were also interviewed and one inmate was interviewed who had reported an allegation of sexual abuse. Nine (9) correctional officers (from three 8 hour shifts), twenty two (22) administrative staff, and two contractors were also interviewed. The administrative staff interviewed included the Warden, an Associate Warden/PREA Compliance Manager, the Chief Psychologist, the Human Resources Manager, the Health Services Administrator, a Case Manager, the Special Investigative Agent and several Operations Lieutenants.

When the auditor first arrived at the facility, an in-briefing was held with the Warden, the PREA Compliance Manager/Associate Warden of Programs, the Associate Warden of Operations, the Captain and a representative from the Program Review Division of the Bureau of Prisons to explain the audit process.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The mission statement of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The vision statement of the Federal Detention Center (FDC) Honolulu is to provide a safe, secure, and human environment for federal pre-trial inmates, Immigration and Customs Enforcement (ICE) detainees, and Hawaii state prisoners. Opportunities for self-improvement including work, education, vocational training, and religious and counseling programs are provided. These programs are designed to assist inmates during confinement as well as after release, and to facilitate the orderly operation of the institution.

All inmates, who have been medically cleared, are provided work assignments or are assigned to Education. Work assignments include Food Service, Education/Recreation, and Laundry, sanitation workers, unit orderlies and institution maintenance.

The Education Department offers a variety of programs for inmates to improve their knowledge and gain valuable skills. The Education programs include: GED, and English as a Second Language, Adult Continuing Education, Post- Secondary, Parenting, Pre-Apprenticeship Construction Training Program and Release Preparation. In addition leisure and law library services and a wide variety of recreational programs are provided to the population.

The auditor concluded, through interviews and the examination of policy and documentation, that all staff was knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates stated that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an allegation of sexual abuse/harassment were made to them.

## **SUMMARY OF AUDIT FINDINGS:**

When the on-site audit was completed, a "out-brief" meeting was held with the same staff attending the "in-brief". No final rating was given at that time; however, the overall audit process was discussed. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff were found to be courteous, cooperative, and professional. All areas of the facilities toured were found clean and well maintained. At the conclusion of the out briefing the auditor thanked the FDC Honolulu staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded:	2
Number of standards met:	40
Number of standards not met:	0
Not Applicable:	1

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency and the facility exceed the standard with policies and practice. National policy or Program Statement (PS) 5324.11 clearly exceeds this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and a PREA Compliance manager assigned to each regional office in the agency to ensure the PREA standards are adhered to.

### **§115.12 - Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency complies with this standard. This was confirmed by review of documentation submitted requiring other entities contracted with for the confinement of inmates to comply with PREA.

### **§115.13 – Supervision and Monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS5324.11 and PS3000.03 addresses this standard. Policy requires each facility within the agency to review their respective staffing plans on an annual basis. Compliance with PREA and other safety and security issues are always of primary focus when considering and reviewing staffing plans according to the Warden. FDC Honolulu has been provided all necessary resources to support the programs and procedures to ensure compliance with PREA. The audit included an examination of all video monitoring systems, inmate access to phones, inmate access to an email system and a review of all staffing rosters. A log book documenting

unannounced rounds that cover all shifts was reviewed. These rounds are conducted by administrative staff on a weekly basis, and they are able to enter the units with no warning to staff. Also interviews with inmates and line staff confirmed that weekly visits are conducted by administrative staff to all areas of the facility. The facility uses video cameras in the living units, hallways, program areas, work areas and sallyports. Control Room staff monitor these cameras (which all have recording capabilities). The auditor found no “blind” spots or areas needing additional camera coverage. The Facility Manager reported that there were 270 cameras in use.

### **§115.14 – Youthful Inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Not Applicable – The FDC Honolulu does not house youthful offenders.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex inmates) during institution familiarization training, at the BOP training academy, by watching a mandatory video, and during annual refresher training. Officers reported that inmates are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Female staff announce their presence verbally when entering all areas holding male inmates, and this message is also made over the intercom at the beginning of each shift. Male staff also make an announcement of their presence when entering an area holding female inmates. These announcements were observed by the auditor during the tour of all areas of the facilities. Staff were aware the policy prohibits the searching of a transgender or intersex inmate to determine their genital status. The interviewed inmates confirmed they were afforded significant privacy when using the toilet, changing clothes, or when showering and that announcements were made when female staff entered the male housing units or any area holding inmates and announcements were made when male staff entered areas holding female inmates. PREA notifications (English and Spanish) are posted in each housing unit of each facility within the facility, the intake area, inmate work areas, and in all inmate program areas.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses the requirements of this standard. The FDC Honolulu takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, postings and inmate handbooks are in English and Spanish. Staff interviewed were aware that under no circumstances are inmate interpreters or assistants to be used in dealing with any PREA related matter.

### **§115.17 – Hiring and Promotion Decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 3000.03 and PS 3420.11 require compliance to this standard. The Human Resources Manager was interviewed, and reported that all components of this standard have been met. All employees, contractors, and volunteers have had their criminal background check completed. Policy does state that material omissions or false information submitted by applicants shall be grounds for termination. The agency cannot hire anyone with any background of sexual harassment or abuse. A tracking system is in place to ensure that updated background checks are conducted every five years.

### **§115.18 – Upgrades to Facilities and Technology**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility has an extensive video and visual monitoring system in place. There have been no substantial expansions or updates of existing facilities since August 20, 2012.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 and PS 6031.03 address compliance with all aspects of this standard. Medical and custody staff were interviewed concerning this standard. Staff reported knowledge of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged. The facility has implemented a specially trained Evidence Recovery Team (ERT) to gather evidence in any PREA related incident. The supervisor of the ERT was interviewed and described in detail the duties and responsibilities of ERT team members. The establishment and implementation of the Evidence Recovery Team exceeds the requirements of the standard. Staff were aware that the Special Investigative Lieutenant or Special Investigative Agent conducts all abuse investigations. Specific actions and clinical decisions are required to determine if an inmate is to be transported to a local hospital to receive a SAFE exam. No SAFE exams were conducted within the last year. The facility has contracted with a local hospital to provide these services (the inmate will not be charged for any services related to PREA compliance). The facility has in place a Gratuitous Services Agreement with a local sex abuse treatment center to provide outside confidential support services for any victim of a sexual abuse incident. The Chief Psychologist is the designated, qualified agency staff member to provide victim advocate services.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Administrative or criminal investigations would be completed on all allegations of sexual abuse and sexual harassment. The Special Investigative Agent was interviewed and found to be very knowledgeable concerning his responsibilities under PREA. The facility SIA completes all administrative investigations. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to the Federal Bureau of Investigation (FBI). There were no allegations of sexual abuse or harassment during the last year.

### **§115.31 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS5324.11 addresses all training required by this standard. The BOP provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all custodial staff must attend and successfully complete. All other staff, contractors, and volunteers are provided training relative to their PREA responsibilities. Much of this training was provided through an on-line course on PREA provided by the BOP. Annual Refresher Training with PREA as a topic is also provided to all employees. Staff acknowledge in writing their understanding of PREA. All staff were issued and carry an embossed reference card detailing their duties and responsibilities related to PREA. All staff interviewed indicated that they received the required PREA training.

### **§115.32– Volunteer and Contractor Training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

During the past year 116 contractors and volunteers received training related to their responsibilities concerning PREA (zero-tolerance, detection, prevention, response, and reporting requirements). All training is documented.

### **§115.33 – Inmate Education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses the requirements of this standard. Inmates receive information at time of intake verbally, in a PREA pamphlet, and there is information provided in the inmate handbook (provided to inmates at the time of intake in English/Spanish). Town hall meetings between inmates and staff allowing ample opportunity for inmates to ask questions were held with the entire inmate population to discuss PREA. Provisions are in place to meet the needs of all disabled inmates. There are posters throughout the facility, and the “hotline” phone number to call to report abuse or harassment is in each housing unit. Inmates sign an acknowledgement of having received this information at the time of intake.

### **§115.34 – Specialized Training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)



Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The SIA has received specialized training relevant to PREA. The SIA was interviewed and explained to the auditor in detail the steps to be taken during a PREA-related investigation. The training records reviewed confirmed completion of the required instruction.

### **§115.35 – Specialized training: Medical and mental health care**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All mental health and medical staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Annual refresher training is provided, and all training is documented.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses the requirements of this standard. All inmates are immediately assessed at intake for their risk of being sexually abused by other inmates or being sexually abusive towards other inmates by intake staff. A Case Manager also screens all new arrivals within their first 72 hours following arrival. At the time of arrival, staff also conduct the screening by reviewing records or other information from another facility or other source which may be relevant to compliance with this standard. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates would be referred to a mental health professional for further assessment. Careful housing assignment (placement in a housing unit with additional supervision) or other appropriate action would then be considered to address the inmate's needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action. Status reassessments, by policy, will occur every 90 days. Staff interviews and observations of the intake process confirmed this information.

## **§115.42 – Use of Screening Information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses compliance with this standard. Policy requires the use of a screening form to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis. There is in place a procedure for providing continued re-assessment and follow-up monitoring if needed.

## **§115.43 – Protective Custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The FDC Honolulu Special Housing Unit (SHU) is a separate unit on level seven (7) of the facility. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every 30 days. There have been no inmates placed in this status within the previous year.

## **§115.51 – Inmate Reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS5324.11, the PREA pamphlet, and the inmate handbook address this standard. A review of documentation indicated that there are multiple ways (including privately and anonymously) for inmates to report sexual abuse or harassment. The officers interviewed stated staff and inmates may privately report any abuse, harassment, or neglect verbally, in writing, anonymously or to a third party. Staff will immediately document any allegation. Posters and other documents on display throughout the facility also explain the reporting procedures.

### **§115.52 – Exhaustion of Administrative Remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 1330.18 addresses this standard. Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. There have been no grievances involving PREA related issues filed during the previous year.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The facility has entered into a Gratuitous Services Agreement (GSA) with Kapiolani Medical Center for Women and Children – Sex Abuse Treatment Center to provide outside confidential support services.

### **§115.54 – Third-Party Reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The BOP pamphlet entitled “Sexually Abusive Behavior Prevention and Intervention” addresses the requirements of this standard. Third-parties are informed of reporting procedures on the BOP website.

### **§115.61 – Staff and Agency Reporting Duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

### **§115.62 – Agency Protection Duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The officers interviewed stated their duties and responsibilities if they became aware of an inmate being in imminent risk for abuse (first-responder or otherwise), certain immediate, mandatory actions to protect the inmate would take effect. Officers produced a card during the interview, issued by the facility, outlining all actions to be taken by a staff member who became aware of sexual abuse or harassment.

### **§115.63 – Reporting to Other Confinement Facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Policy requires reporting any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred by the Warden of the facility in which the inmate is currently housed. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. There have been no allegations of sexual abuse or harassment that may have occurred at the FDC Honolulu reported from another facility, nor has FDC Honolulu received any allegations at another facility in the previous year.

### **§115.64 – Staff First Responder Duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation that an inmate had been the victim of sexual abuse. The correctional officers interviewed quoted specific actions (such as protection of the victim and preservation of evidence) to be taken, in compliance with PREA. All staff were carrying an embossed card as reference to direct them as to their responsibilities as a first responder to an allegation of a PREA incident. There have been no incidents within the previous year requiring first responder actions.

### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The facility's written institutional plan is detailed on embossed cards issued to all staff that fully describes procedures for staff to comply with this standard.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

On May 29, 2014 The Federal Bureau of Prisons and the Council of Prison Locals, American Federation of Government Employees, entered into a Master Agreement stating that the Employer may elect to reassign an employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations. Both parties endorse the prevention of sexual harassment in accordance with all laws, rules, and regulations.

### **§115.67 – Agency protection against retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The policy specifically prohibits any type of retaliation to any staff member or inmate who has reported sexual abuse or sexual harassment or who has cooperated with such investigations. The PREA Compliance Manager / Associate Warden is the designated staff member to monitor all possibilities of retaliation, and at a minimum would conduct checks with an inmate who may have been victimized or reported victimization at least every 30 days for at least 90 days following an allegation. These checks may occur more frequently if indicated. This follow-up may also extend without limit if necessary. There have been no cases of retaliation discovered or reported within the previous year.

### **§115.68 – Post-Allegation Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses compliance with this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to placement in involuntary segregated housing. There have been no inmates placed in this status (post-allegation protective custody) within the previous year.

### **§115.71 – Criminal and Administrative Agency Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The SIA conducts administrative investigations within the facility. If an allegation appears to be criminal in nature, the SIA will refer the incident to the FBI for a criminal investigation. If the FBI substantiates the allegation the case is to be referred to the United States Attorney for prosecution. There were no criminal investigations to review since August 12, 2012.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### **§115.73 – Reporting to Inmate**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. There have been no administrative or criminal investigations initiated or completed during the previous year. There have been no cases requiring notification as described in this standard during the previous year.

### **§115.76 – Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 3420.11 addresses this standard. During the previous year, no staff member was disciplined in any manner nor has any resigned for violating agency sexual abuse or sexual harassment policies.

### **§115.77 – Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 3420.11 addresses this standard. During the previous year there have not been any incidents where a contractor or volunteer was accused of sexual abuse or sexual harassment at FDC Honolulu.

### **§115.78 – Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. FDC Honolulu has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any cases of inmates engaging in sex with staff in the past 12 months, nor have there been cases of inmates engaging in sex with other inmates. The BOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Through interviews with medical and specialized staff, the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services if needed. There have been no inmates admitted to the facility claiming sexual victimization or perpetrated sexual abuse within the previous year. If a case occurred at the facility, staff would process confidential information in full compliance with this standard.

### **§115.82 – Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. FDC Honolulu has had no inmates in need of access to emergency medical or mental health treatment relevant to PREA within the previous year. If a need occurred, the facility would comply with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted disease, confidentially). No inmates have been determined to need this type of treatment within the previous year. Staff interviews confirmed this information.

### **§115.83 – Ongoing medical and mental health care for sexual abuse**



## **victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Policy requires ongoing medical and mental health care for sexual abuse victims and abusers. There have been no cases of this nature in the previous year.

## **§115.86 – Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. Staff interviews confirmed that at the conclusion of an investigation of sexual abuse there would be a review by the Institution Executive Staff of all allegations other than those found to be unfounded as required by this standard. One allegation of sexual abuse was made by an inmate during the previous twelve months and was determined to be unfounded. Although not required, the file on the unfounded allegation was reviewed by Institution Executive Staff.

## **§115.87 – Data Collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. FDC Honolulu would collect accurate uniform data for every allegation of sexual abuse by using a standardized instrument. The report would allow the facility to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated. There have been no incidents to report during the previous year, and no corrective action recommended.

## **§115.88 – Data Review for Corrective Action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The BOP reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. The Institution PREA Compliance Manager ensures the data collected on sexual abuse for inmate-on-inmate cases is forwarded to her respective Regional PREA Coordinator annually. The National PREA Coordinator ensures the information is provided for purposes of agency reporting. An annual report is prepared and published on the BOP website.

**§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division, and the Office of Internal Affairs, and issues a report to the Director on an annual basis. The data is securely retained and published on the BOP website. The required reports cover all data noted in this standard, and are retained in a file.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



02/13/2015

Auditor Signature

Date