

# PREA AUDIT: AUDITOR'S INTERIM REPORT

## ADULT PRISONS & JAILS

NATIONAL  
**PREA**  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of facility:</b>	Oahu Community Correctional Center		
<b>Physical address:</b>	2199 Kamehameha Highway, Honolulu, Hawaii 96814		
<b>Date report submitted:</b>	Interim 09/04/2016		
<b>Auditor Information</b>	<b>Jillian Shane</b>		
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<b>Telephone number:</b>	575-523-3303		
<b>Date of facility visit:</b>	July 29-August 4, 2016		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	808-587-1288		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	Allan Octavio		<b>Title:</b> PREA Facility Manager
<b>Email address:</b>	Allan.d.octavio@hawaii.gov		<b>Telephone number:</b> 808-832-1470
<b>Agency Information</b>			
<b>Name of agency:</b>	State of Hawaii, Department of Public Safety		
<b>Governing authority or parent agency: (if applicable)</b>	Not Applicable		
<b>Physical address:</b>	919 Ala Moana Blvd. # 400, Honolulu, HI 96814		
<b>Mailing address: (if different from above)</b>			

<b>Telephone number:</b> 808-587-1288			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Nolan Espinda	<b>Title:</b>	Director
<b>Email address:</b>	<a href="mailto:nolan.P.espinda@hawaii.gov">nolan.P.espinda@hawaii.gov</a>	<b>Telephone number:</b>	808-587-1350
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Shelley Nobriga	<b>Title:</b>	PREA Coordinator/Litigation Coordination Officer
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## AUDIT FINDINGS

### NARRATIVE:

The PREA audit of Oahu Community Correctional Center (OCCC), a facility within the Hawaii Department of Public Safety was conducted from July 29, 2016 to August 4, 2016.

On Saturday, a complete tour of all facility grounds was completed. This included the administration area, visitation, all housing units, programming units, food service, warehouse, medical, case management staff areas and recreation. It also included the booking and receiving areas.

During the course of the on-site visit, a total of twenty-three (23) inmates were interviewed. In addition, numerous inmates were informally interviewed while the tour and as the walk-through were being completed.

A total of twenty-seven (27) staff was interviewed as well. In addition, many staff was also interviewed informally during walkthroughs on all three shifts.

The Agency PREA Coordinator forwarded the Pre-Audit Questionnaire as well as all files relating to this audit, on a secure Encrypted drive six weeks prior to the audit. Also, a notice was forwarded to me that stated:

During the period of July 29, 2016 to August 4, 2016, a US Department of Justice Certified PREA Auditor will conduct a PREA Audit of the Oahu Community Correctional Center (OCCC) located in Oahu, Hawaii.

If an Inmate or Staff Member (including contractors or Volunteers) would like to provide information to or talk with the PREA Auditor (at the Auditor's discretion), you may do so by sending a letter directly to the PREA Auditor.

Your letter should be addressed to:

DOJ Certified PREA Auditor

Jillian Shane

PO Box 639

Las Cruces, NM 8804

To be treated as confidential official mail all inmate correspondence must include 'For the OCCC PREA Audit' on the front of the envelope."

Also, pictures were sent of all areas where these signs were posted, to include: ISC Lobby, Entrance to the Mess Hall, Inside Official Mess, Entrance to Administration Area, Control Stations, Visitation Entrance, Program Boards, Medical, Above inmates phones, Case Managers Offices, Education, Law Library, Security areas, inmates Dorms. During the course of the tour and on-site portion of the audit, these signs were observed in many areas that were identified through the pictures. Some signs were posted in not visible areas, such as behind doors so the recommendation was made by the auditor to place these in more visible areas.

After the conclusion of the on-site portion, numerous suggestions and corrective actions were brought forth to upper level management, to include:

#### CORRECTIVE ACTIONS AND ITEMS DISCUSSED PRIOR TO SECOND VISIT:

Visitation – add posters relating to PREA and third party reporting for families that may not have computer access

Camera – make a blurry strip on the suicide cells in the female housing areas to prevent male viewing.

Module 7 – door to chemical closet needs secured. There is a big blind spot in this area and door was unsecured.

Intake – can the video be placed in the cells as it may be hard to hear in hallway. Staff repeatedly turn off as it is too noisy in halls. Add posters as well to this area.

Food Service – add fish eye mirror to blind spot areas

Segregation – Third floor camera is facing the toilet, second floor has not curtain on shower

Annex 2 – no visibility to third floor.

- All transgender inmates housed on third floor
- Blind spots in corner cell/areas.

- Officers unaware of number of required rounds (three total per shift, six per shift total were answers provided)
- Cameras do not work or allow visibility

Makai – add PREA reporting posters/info/brochures

Annex 1 – blind spot for storage/property. Add cameras or fish eyes, add random rounds by security staff

A second visit was scheduled to review these areas and re-interview staff and inmates due to the concerns regarding the education and understanding of roles in PREA. This second on-site visit occurred on January 9-11, 2017.

An in and out briefing meeting and out-briefing meeting was held in the administration area and that included:

01/9/17 In-brief meeting:

Francis Sequeira –Warden

Lyle Kawamata – Deputy Warden

Major Denise Johnston – Chief of Security

Terry Santos – Adult Corrections Officer III (ACO III)– Safety Officer & Escort

1/10/17 Out-brief meeting:

Francis Sequeira –Warden

Lyle Kawamata – Deputy Warden

Major Denise Johnston – Chief of Security

ACO Terry Santos – (Adult Corrections Officer III) - Safety Officer & Escort

Sgt. Andy Ramos – (Adult Corrections Officer IV) – Training Staff & Development / OCCC (Training Sgt) – Escort

The facility was toured again and inmates and staff were interviewed from each housing area. A total of twenty-three more random inmates and thirty-one random staff were interviewed. In addition, specialty staff were interviewed.

## FACILITY OVERVIEW

The Oahu Community Correctional Center (OCCC) opened its doors in 1975, after a face-lift and a name change (from Oahu Prison) with the bed capacity of 628 inmates. OCCC was originally designed to house both pretrial detainees and sentenced felons. At the time, OCCC was considered a jail as well as the primary prison for the state. By the late 1990s, OCCC's population increased upward of 1,400. Today, OCCC continues to be the largest jail in the State of Hawaii. OCCC still houses dual populations of pretrial detainees (male and female offenders) and sentenced male felons.

By the end of FY2014, OCCC had 1,194 inmates and coordinated to house an additional 248 inmates at the Federal Detention Center (FDC). During the FY 2014, the Community Based Section (CBS) transitioned 216 offenders from other facilities to the Work Furlough Program (Laumaka Work Furlough Center (LWFC)/Module 20) and 131 offenders were granted parole from the LWFC.

OCCC continued to afford programming for offenders. This included a structured and enhanced Mental Health treatment living units for both male and female pre-trial offenders. OCCC programs made available and provided to offenders included:

- o 31 Educational classes with approximately 2,500 offender participants
- o 47 Recreation programs with approximately 32,600 offender participants
- o 33 Volunteer programs with over 2,000 offender participants
- o 33 Religious programs with over 25,000 offender participants
- o Total of 200 Volunteers (Religious Organizations, SELF-Help Groups, Internship, Education, etc)
- o Total of 7,600 Volunteer hours valued at \$114,000 were logged.

Other in-house programs include opportunities for the offenders to learn and/or obtain On-the-job training and needed skills in areas such as food services, building maintenance, construction, automotive maintenance and repairs, grounds keeping, laundry, education, and library services.

The CBS Furlough Program (LWFC/M20) bed space was increased from 96 to 216. The Community Service Work lines was discontinued at OCCC. The Waiawa Facility is now providing this service to the community. It continues to be productive and successful.

In FY 2011, OCCC in conjunction with the Department of Veterans Affairs (VA) in developing a process to connect the incarcerated veterans with the VA for services related benefits. The goal is to reduce the recidivism percentage rate of incarcerated veterans and prepare

them for life after release.

Through collaboration with the Department of Public Safety, the Department of Accounting and General Services and Consultant-NORESO an energy savings performance contract was agreed upon. The initiative started OCCC to become an energy efficient facility. The energy savings initiative has been completed. Operationally, OCCC is much a more energy efficient facility.

The positive effects range from:

- Reduce Hawaii’s dependency on imported fossil fuel and associated greenhouse gas emission.
- Increase energy efficiency and building performance with the goal of reducing energy usage and demand; to accelerate reducing life cycle cost of building maintenance, equipment service life, water use and solid waste generation; and to address the deferred repair and maintenance backlog of projects without Capitol Improvement Projects funding.

#### Facility Demographics

Rated Capacity:	954
Security/Custody level:	Community, Minimum, and Medium
Age range of offenders (yrs):	18-60 years
Gender	Male and Female
Number of Staff:	498
Number of Physical Plant Buildings:	22
Number/Type of Housing Units:	17
Number of Segregation Cells:	36
Type of Medical facility:	Non 24/7
Count on First Day of Audit:	1,080

### SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0
Total	43

#### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

A Memorandum was issued to all employees within the Department of Public Safety which formally notified all staff of the requirements of the Prison Rape Elimination Act and the agency's zero tolerance regarding institutional sexual assault, sexual misconduct or sexual harassment by offenders, staff, volunteers, or contract providers. It advised all Department of Public Safety employees of where they can go should they need further information to include the Office of the Inspector General where the PREA Coordinator could be found and also provided staff with information on the how to access the PREA Resource Centers Websites and webinars.

Policy ADM.08.08 as well outlines the agency's zero tolerance concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents. Section 6.0, ZERO-TOLERANCE states that "PSD has a zero tolerance concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents: (1) an offender by another offender, or (2) a staff member on an offender, in a PSD prison, jail, lockup, community correctional center and privately contracted prison, operating under the direct control of PSD or under contract with PSD. All references to "staff members" in this policy. By default will include contractors and volunteers".

The State Level (agency) and the Facility OCCC each had an organizational chart which illustrated this hierarchy and the positions. These also included job descriptions which

detailed the duties related to the positions. The PREA Coordinator is also the Litigation Coordinator and reports directly to the Office of the Director.

Interviews were conducted with both the Agency PREA Coordinator and the Facility PREA Compliance Manager. The Agency Level PREA Coordinator is extremely versed with PREA. She has staff working in her area that provide support services and it appears all agency level requirements are being met.

The Facility PREA Compliance Manager is also responsible for Investigations, weapons training/certifications and performs numerous other duties in his role. While he is educated and completing the tasks, the facility may wish to allow more time to devote to additional PREA functions such as training and education. During the initial interview with the Compliance Manager it was evident that he spends a great deal of time on completing proper investigations, however, ensuring the compliance with other standards and staff and inmate education, were placed after the other duties assigned.

As part of corrective action, the facility was going to reevaluate this position and the role. During the second on-site visit, a second staff member was assigned to assist and relieve the PREA Compliance Manger of some of his duties. In addition, this Sergeant will begin the process of receiving PREA specific training as it related to Investigations and then he can provide additional assistance. It was evident, through staff and inmate and interviews, as well as observed through the tour, that the Facility PREA Compliance Manager, as well as his support staff, were devoting more time to PREA related responsibilities, training and investigations.

#### SUPPORTING DOCUMENTATION LIST

- |           |  |
|-----------|--|
| 115.11 a. | Interoffice Memorandum, dated December 3, 2013<br>Policy ADM.08.08           |
| 115.11 b. | PSD Organizational Chart<br>Interview with PREA Coordinator                  |
| 115.11 c. | OCCC Organizational Chart<br>Interview with PREA Facility Compliance Manager |



## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

The facility has entered into two contracts for the confinement of inmates on or after August 20, 2012. All contracts were provided for review to include Provider Contracts for Health Services. These contracts did required that the Provider, its staff, and Sub-Providers are required to understand and comply with 28 Code of Federal Regulations 115: Prison Rape Elimination Act national Standards, hereafter referred to as the PREA Standards. As part of this contract, PSD requires that the Provider, its staff, and Sub-Providers attend a mandatory PREA Standards Training Class, and if applicable, a specialized PREA Standards training for Health Care workers and Investigators. PSD shall monitors the Provider, it staff and Sub-Providers compliance with the PREA Standards.

If the Provider meets the definition of community confinement facility and provides services to the Department's Offenders as a community confinement facility, then the Provider must adopt the relevant PREA Standards applicable to Community Confinement Facilities, which can be found at [www.prearesourcecenter.org](http://www.prearesourcecenter.org). The service provider, its staff, and Sub-Providers are required to cooperate with any mandated PREA Standards Audits scheduled, as dictated by the PREA Standards.

### SUPPORTING DOCUMENTATION LIST

Contract MOKA

Contract YWCA

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08 outlines a PREA staffing plan which includes consideration of generally accepted detention and correctional practices, the composition of the inmate population, all components of the facility's physical plant, number and placement of staff, institutional programming on a shift, PREA Incident Reviews, state and local laws, findings of inadequacy, and incidents of sexual abuse, whether substantiated or unsubstantiated. In instances where the staffing plan is not complied with, it will be documented on the PREA Mandated Reporting Form PSD 8317 with the justification and forwarded to the Department PREA Coordinator.

Policy also states that in instances where a staffing plan is not complied with, the facility shall document and justify emergency/temporary deviations from the plan. The facility provided sample incident reports whereas some operations were modified. The most common reason for these deviations is relating to the absence of female Correctional Staff on-site to complete escorts/transports/suicide watches.

The Facility PREA Coordinator provided departmental rosters for review, which illustrates compliance with required staffing. Staff at all levels who were interviewed discussed the amount of overtime that they are mandated to work. Overtime officers are filling the mandatory posts quite often.

The Staffing plan meeting held in 2015 was reviewed and included consideration of generally accepted detention and correctional practices, the composition of the inmate population, all components of the facility's physical plant, number and placement of staff, institutional programming on a shift, PREA Incident Reviews, state and local laws, findings of inadequacy, and incidents of sexual abuse, whether substantiated or unsubstantiated. All supporting documentation was attached. These meetings are held annually and a memorandum and directive was reviewed indicated that Warden's must conduct these at a minimum, each July.

In reference to unannounced rounds, Policy ADM.08.08 states that "The Warden shall ensure that lieutenancies, captains, and correctional supervisors conduct and document unannounced walk-through's on all watches to aid in identifying and deterring staff sexual abuse and sexual harassment. This shall be documented in the housing unit Informer/Log Book and/or in the Supervisors watch summary." During the on-site portion of the audit, logs were reviewed in the areas of the female housing units and numerous male units which illustrated compliance.

The average daily population since August 20, 2012 was 1004.

#### SUPPORTING DOCUMENTATION LIST

- 115.13 a. Policy ADM.08.08
- Staffing Plan Meeting Minutes for OCCC for 2015 Review
- Post Assignments Master Sheet
- OCCF Organizational Chart

- Memorandum for PREA Coordinator
- 115.13 b. Below Minimum Staff Reportable Incidents
- 115.13 c. Staffing Plan Meeting Minutes for OCCF  
Staffing Plan Attachments  
Memorandum from Agency Level PREA Coordinator
- 115.13 d. Policy ADM.08.08

### §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)

**Auditor comments, including corrective actions needed if does not meet standard**

Not Applicable- There is no offenders under 18 years of age at this facility. The below reference policy, however, states that if PSD did receive a youthful offender as defined by PREA, then the youthful offender shall not have sight, sound, and physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility will document by utilizing the PREA mandated Reporting Form (PSD 8317) for any non-compliance of the above requirement.

**SUPPORTING DOCUMENTATION LIST**

- 115.14 a. Policy ADM.08.08, Section 10, Youthful Offenders
- 115.14 b. Policy ADM.08.08, Section 10, Youthful Offenders
- 115.14 c. Policy ADM.08.08, Section 10, 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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR COR.08.13 outlines, in detail, pat search, strip search and cross gender search procedures. It states that under normal conditions: Correctional officers shall not participate in or watch strip searches of inmates of the opposite gender; correctional officers shall not conduct pat or frisk searches of inmates of the opposite gender without another officer within view; correctional officers shall not participate in occupied toilet or shower inspections of inmates of the opposite gender; correctional officers shall not be assigned duty of conducting an inspection or head count of dormitories or cells occupied by inmates of the opposite gender unless accompanied by or within view of another corrections officer.

During this review period, there were no cross gender strip searches or visual body cavity searches conducted, thus there was no log to review.

Lastly, Policy ADM.08.98, Prison Rape Elimination Procedure outlines the process to which staff of the opposite gender must be announced when entering a housing unit. While conducting rounds throughout the facility both on the tour and without management during the audit, staff was viewed announcing opposite gender staff. During all staff and inmate interviews, staff and inmates alike admitted that this is a fairly new practice and becoming regular for them. Female staff expressed that they have began stopping in the corridor in lieu of entering the housing areas to avoid making the announcements. It is recommended that management continually insures and speaks with staff about the importance and need for the opposite-gender announcements.

As of the date of the file review and subsequent on-site portion of the audit, 100 percent of the staff has been trained on conducting cross gender searches and searches of transgender and intersex inmates.

During the interview processes, numerous inmates and a few staff members told us that often times they conduct strip searches in large numbers in the day room and they feel this is unfair. After review and further discussion, the area were this occurred was reviewed and it was clear that cameras were not pointed in the area. However, to ensure that staff of the opposite gender do not walk in to these areas during a search, it was recommended the facility purchase a magnet for the door or develop some way to alert staff so that they do not enter that housing area during the searches.

Suicide cells used in the female housing areas had male staff completing a direct supervision post. The male officers assigned did not ask female staff to relive them should the female inmate have to use the restroom. Procedures need to be developed to ensure that female staff are utilized for this to occur. While the safety of the inmate is imperative, staff need to ensure that the inmates have privacy in the event that a female officer cannot fill that post.

As a corrective action, and as was observed on the second on-site visit, the facility purchases large magnets that stated "Search in Progress, staff of the opposite gender may not enter". These magnets are placed on the door while any strip search is in progress. In addition, same sex staff will be utilized for constant watches, whenever possible. Should a staff of the

same gender not be available, the inmate can cover the window to use the restroom or a same sex staff member will relieve the opposite sex staff member.

#### SUPPORTING DOCUMENTATION LIST

- |           |  |
|-----------|--|
| 115.15 a. | PSD Policy COR.08.13   |
|           | PSD Policy ADM.08.08   |
| 115.15 b. | PSD Policy COR.08.13   |
|           | PSD Policy ADM.08.08   |
| 115.15 c. | PSD Policy COR.08.13   |
|           | PSD Policy ADM.08.08   |
|           | Memo   |
| 115.15 d. | PSD Policy COR.08.13   |
|           | PSD Policy ADM.08.08   |
|           | Memo   |
|           | PowerPoint for Staff Training on Cross Gender Viewing and Searches |
| 115.15 e. | PSD Policy COR.08.13   |
|           | PSD Policy ADM.08.08   |
| 115.15 f. | PowerPoint, Searches   |

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act, indicates that disabled offenders and offenders with limited English proficiency shall be provided with equal opportunity to participate in or benefit from all aspects of PSD's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The use of offender interpreters or other types of

offender assistance is prohibited, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety.

Spanish, Samoan and Filipino versions of the video and various posters and handouts were viewed while in the facility. The video also offered sign language interpretation as a means to obtain the educational information.

Pacific Interpreters is also available for translation services for limited English proficient offenders and designated procedures are available through the Civil Rights Commission Officer (CRCO). They are a telephone language interpretation service and have access to interpreters in over 200 languages and are available twenty-four hours a day, seven days a week. The facility has a step by step hand-out for staff on 'How to Access a Telephonic Interpreter' and a Quick Reference Card, which will allow for staff to have assistance should it be during a time of the day or week when administrative staff is limited.

The majority of line staff that were interviewed struggled when asked questions regarding translation services. During the previous twelve (12) month period, there have been no instances whereas an interpreter, inmate assistant or reader was utilized. Supervisors were very well aware of the process. It was recommended that staff be reminded in briefings about the services that are available.

#### SUPPORTING DOCUMENTATION LIST

- 115.16 a. Policy ADM.08.08  
Memorandum from L. Takao, CRCO  
Instruction on Use of Telephonic Interpreter from Pacific Interpreters  
Department of Public Safety Limited English Proficiency Plan  
Signage and Flyers are in English and Pacific Islander  
PowerPoint Staff Training on Practices for Inmates with Disabilities
- 115.16 b. Policy ADM.08.08
- 115.16 c. Policy ADM.08.08, Prohibiting the use of Inmate Interpreters

### **§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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison rape Elimination Act prohibits the hiring or promoting of anyone who may have had contact with inmates and shall not enlist the services of any contractor who may have had contact with inmates, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) of this section.

Each employee has an affirmative duty to immediately disclose PREA related misconduct through their chain of command and material omissions or materially false information shall be grounds for termination.

New employees each have a background check and a suitability check prior to hiring. Employees who are promoted have a background check prior to promotion. HR Files and documentation was provided illustrating this process for both new hires and staff promotions.

ADM.08.08 requires that PSD provides information on substantiated allegations of sexual abuse or sexual harassment involving current or former employees, upon receiving a request from an institutional employer conducting a background check on the employee.

An interview was conducted with the Agency Level Human Resource Analyst. She outlined each process in detail and was well versed in all aspects of this standard. In the previous twelve (12) months, a total of 337 staff were hired and had their criminal background checks completed who may have had contact with inmates.

#### **SUPPORTING DOCUMENTATION LIST**

- |            |                  |
|------------|------------------|
| 115.17 a.  | Policy ADM.08.08 |
| 115.17 b.  | Policy ADM.08.08 |
| 115.17 c.  | Policy ADM.08.08 |
| 115. 17 d. | Policy ADM.08.08 |
| 115.17 e.  | Policy ADM.08.08 |

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

#### SUPPORTING DOCUMENTATION LIST

During the review period, there were cameras added to the Annex II areas. These were added as a result of a SART review. However, after speaking with staff and observing cameras, it was seen that they are inoperable. It was stated that the computer to supporting the cameras viewing was incapable of maintaining and supporting the cameras. The screens would not allow officers to switch between screens or zoom in.

All essential staff that were interviewed were aware of the necessity to include safety and PREA in their decisions and implementation.

For the second visit, the cameras were fixed and operational as well as the supporting computer. In addition, a large screen was added that shows various camera angles and views to all the cameras in this building. Lastly, additional cameras were added to cover the blind spots in the corner areas.

115.18 a. Policy ADM.08.08

115.18 b. Policy ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

PSD conducts administrative sexual abuse investigations for the facility. Criminal sexual abuse investigation will be referred to local law enforcement agencies. If the local agency declines to investigate a criminal matter, a referral will be made to the State of Hawaii Department of the Attorney General to investigate the criminal allegation. Policy ADM.08.08 stated that the law enforcement agency will use the departmental evidence protocols to maximize the potential for obtaining usable physical evidence during administrative



investigation. They will preserve the crime scene for criminal investigations and possible prosecution cases.

Staff in the Health Care Division determines whether or not a victim of sexual abuse is transported for a forensic medical exam. This will be held at the Sexual Abuse Treatment Center (SATC) or an emergency unit at the hospital. The Contract was provided and reviewed.

The SATC will provide a victim advocate to the victim of a sexual abuse or sexual assault matter. They will also have access to forensic medical examinations through the local hospitals. The forensic exam will be conducted by SATC staff who are physicians and nurses who are trained as sexual assault nurse examiners. If a victim requests, a victim advocate from SATC shall support the victim through the forensic examination process and through the investigatory process and will be at no cost to the victim.

Specialized training in administrative sexual abuse investigation was provided and the lesson plan was reviewed. The training included numerous articles and real case publications to show and illustrate the process and the outcomes. It also includes topics such as the types of violations investigated, parallels with the civil and criminal investigations, who conducts these investigations, why these need to be conducted, critical incident checklists, crime scene preservation, interviews, evidence seizure, Garrity and Weingarten Rights, and much more.

During the twelve months preceding the audit, there was one SANE medical examinations conducted for SATC staff for an OCCC offender. Policy does indicate that should a SANE exam be necessary, it will be at no cost to the offender.

#### SUPPORTING DOCUMENTATION LIST

- 115.21 a. Policy ADM.08.08  
Uniform Evidence Protocol  
PowerPoint Training, Administrative Investigations
- 115.21 b. Policy ADM.08.08
- 115.21 c. Policy ADM.08.08  
Contract/MOU  
Memo
- 115.21 d. Policy ADM.08.08  
Contract/MOU
- 115.21 e. Policy ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08 requires that all allegations/incidents of sexual abuse and sexual harassment are referred for administrative and/or criminal investigation. Sexual harassment matters are only referred should they meet the criminal standard. If sexual harassment does not meet the criminal standard, then only an administrative investigation is processed. and if it does not; it will be referred to the criminal investigator. If a sexual abuse or harassment case meets the elements for a criminal case, both Internal Affairs (IA) and outside law enforcement will be notified. The Administrative portions of the matters are completed by IA and the criminal investigation will be completed by the outside law enforcement agency.

Facility first responders are responsible to preserve any physical evidence related to these matters. In the event of an incident, the victim of a matter will be taken to the facility's medical unit and then, if necessary, to the local hospital SATC. The facility will not conduct a SANE (SATC).

During the past year, a total of twenty (20) sexual abuse and sexual harassment allegations were received. Of these, all twenty resulted in administrative investigations.

### **SUPPORTING DOCUMENTATION LIST**

- 115.22 a. Policy ADM.08.08
- 115.22 b. Policy ADM.08.08
- 115.22 e. Policy ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08 requires staff training. All employees are trained in the required elements of the standard to include zero-tolerance; how to fulfill their responsibilities; inmates right to be free from sexual abuse and sexual harassment; inmates right to be free from retaliation from sexual abuse and harassment; the rights of employees to be free from retaliation from reporting; the dynamics of sexual abuse in confinement; common reactions of victims; how to detect and respond and how to avoid inappropriate relationships with inmates; how to communicate effectively with LGBTI inmates; and how to comply with relevant laws related to mandatory reporting.

The training covers all genders so additional, gender specific training is not necessary.

PREA Refresher training occurs for all staff every two (2) years. There are 613 staff members who have been trained on the requirements of PREA.

### **SUPPORTING DOCUMENTATION LIST**

- 115.31 a.      Policy ADM.08.08  
                    Training Power Point  
                    Memorandum
- 115.31 b.      Policy ADM.08.08  
                    Training Power Point
- 115.31 c.      Policy ADM.08.08
- 115.31 d.      Policy ADM.08.08  
                    Training Power Point

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Procedure, outlines all required topics to which are required to be instructed on. The PowerPoint was attached for each as well. It covers a review of the administrative regulation, zero tolerance, how to fulfill their requirements under the policies and procedures, information on reporting and responding to such incidents, recognition of warning signs of a victim, information related to the investigation of incidents and prosecution of perpetrators, common reactions of victims, sensitivity to offender allegations, offender rights to be free from retaliation for reporting sexual abuse and sexual harassment, how to communicate effectively with LGBTI and gender non-conforming, offender signs or predatory behavior, confidentiality, compliance with relevant laws to mandatory reporting and consequences for failure to report.

Training for volunteers and contractors is based on their amount of contact with inmates. Those who have regular contact will be training in the same manner of which staff is trained. Those who do not have regular contact receive information on mandatory reporting, PREA, Hawaii law and the zero-tolerance policy through the volunteer/contractor training program.

An updated list was provided to illustrate that all volunteers and contracted workers (medical) have completed their annual training, which includes a PREA instructional class. Each individual who completes this class documents it on an acknowledgment sheet. Samples were reviewed and illustrate compliance. Statewide, 816 volunteers are trained and certified to have contact with inmates.

### **SUPPORTING DOCUMENTATION LIST**

- |           |  |
|-----------|--|
| 115.32 a. | Policy ADM.08.08<br>Training Power Point |
| 115.32 b. | Policy ADM.08.08<br>Training Power Point |
| 115.32 c. | Policy ADM.08.08<br>Training Power Point |

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08 states that inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. In addition, Policy ADM.08.08, Prison Rape Elimination Procedure outlines the process of offender education that needs to be completed within thirty (30) days of intake.

A video was observed which outline reporting processes, the policies and zero tolerance of the PSD and all definitions regarding PREA. The video is shown in the holding area. Inmates expressed that they were unable to hear the video. It was recommended that this video be played in the housing areas as well or the volume adjusted accordingly depending on the number of people in the intake area.

Inmates are also provided with an informational brochure. Information and educational facts are also in the inmate handbook. During inmate interviews, the vast majority of offenders recalled watching this video and receiving printed information. Samples of the printed information were reviewed in English, Samoan, Tagalog and staff is currently translating into Ilocano, Chuukese and Marshallese.

During the past twelve months, a total of 7,305 inmates were admitted to OCCC and received this information. Of those, 2,516 stayed for more than thirty (30) days and thus received the comprehensive inmate education.

On the second day of the audit, the video system that was placed in the booking area for the inmates was not working. Staff were asked and were unable to get the system to work. For a long time, the video was playing yet had no volume. The lack of this education was evidenced while interviewing inmates. Many stated they were unaware of PREA, what it was and did not recall seeing the video.

Inmates with disabilities or who are limited English proficient would have access to interpreters through Pacific Interpreters, if necessary.

For the follow up visit, the intake areas was observed on multiple occasions and the video was playing. Staff were interviewed and they stated that this video plays 24/7 as long as inmates are in the area. There is not a way to disable the volume button, as the auditors attempted to do so. The auditors went into each of the holding areas for inmates and closed the doors. In each area, you were able to hear the video. In addition, newly admitted

inmates were interviewed and they each recalled seeing the video. Multiple inmates, of varying intake dates, were interviewed and were more educated and answered the questions correctly. Lastly, the intake area had instructions to the video in the event a new staff member was unaware or needed to operate the system.

#### SUPPORTING DOCUMENTATION LIST

- |           |   |
|-----------|---|
| 115.33 a. | Policy ADM.08.08<br>Inmate Brochure   |
| 115.33b.  | Number of Inmates who received comprehensive education<br>Policy ADM.08.08<br>Inmate Brochure |
| 115.33 c. | Policy ADM.08.08<br>Inmate Brochure   |

### §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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08 states that investigators shall be trained on investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; evidence collection in confinement settings; criteria required to substantiate a case for administration action or prosecution referral; and the proper use of Garrity and Miranda advisements (for IA).

The PowerPoint for the class was provided and reviewed. They are extremely thorough and detailed in the topics required by the standards. The training is presented by the Sex Abuse Treatment Center and the Honolulu Police Department and is entitled 'Overview and Dynamics of Sexual Violence.

In addition, the investigators also complete the National Institute of Corrections 'PREA Investigating Sexual Abuse in Confinement Settings' Course.

PSD has 44 trained investigators. The training roster for each was provided which documented their completion of the course. Of these, one is assigned to OCCC for PREA related investigations and Internal Affairs.

## SUPPORTING DOCUMENTATION LIST

- 115.34 a. ADM.08.08  
Investigator Interview  
Investigation lesson plan
- 115.34 c. ADM.08.08  
Investigator Interview  
Investigation lesson plan  
Training Sign In Roster

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Procedure states that medical and mental health staff shall be trained and that this training shall be documented. The training shall include: how to detect and assess signs of sexual assault/rape, sexual abuse and sexual harassment; how to preserve physical evidence; how to respond effectively and professionally to victims; and how to and who to report incidents to.

Sample training certificates were reviewed of a mental health worker and a medical worker.

The PowerPoint Presentation and Lesson Plan were attached that is used for medical and mental health staff.

A total of 24 regularly working medical and mental health staff are trained in PREA and have the Specialized Training.

Medical and mental health staff interviewed struggled with answering some questions regarding PREA. It appeared that staff are been tunnel visioned in their roles and duties and when asked questions outside of their roles, they were unaware of how to respond or what to do with a reported incident during the intake process. Medical and Mental Health Staff, as well as all staff, need to immediately document and report all PREA related knowledge or incidents and may not wait for the next person.

During the second, follow-up visit for corrective action, numerous medical and mental health staff were interviewed regarding their specialized training questions, as well as the random staff questionnaire. Staff in all positions as well as of all levels, answered the questions perfectly. Each was retrained and extremely well versed in the processes.

#### SUPPORTING DOCUMENTATION LIST

115.35 a. Policy ADM.08.08

115.35 c. Certificate

### **§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).

#### **Auditor comments, including corrective actions needed if does not meet standard**

Offender screening and placement is completed within seventy-two hours of their arrival into a reception and diagnostic facility and again upon transfer between facilities, as per Policy ADM.08.08, Prison Rape Elimination Procedure. During the assessment, all offenders will be screened for risk of being sexually victimized or sexually aggressive. The facility intake screening shall ordinarily take place within 72 hours of arrival at the facility and will be conducted using the PREA Screening Tool. Within 30 days from the offender's arrival at the facility, social workers will reassess the inmate's risk of sexual victimization or sexual aggressiveness creating an updated PREA Screening Tool assessment. The facility will not discipline an inmate for refusing to participate.

After an initial screening, transgender inmates and intersex inmates are screened every six months.

A Mental Health Screening Form is used. The sample attached illustrated an offender who indicated that he had experienced prior sexual victimization. The inmate sample provided was for an inmate who did not experience or perpetrate victimization or abuse and was cleared for general population.

The Screening Tool used covers all areas required by the Standard; however, the location that is conducted in is of concern. The screening is completed in the intake area at a desk that is no more than ten feet from the area where inmates are held. In addition, staff walk freely in and out of this area. The dividers that were added to provide privacy during screenings still allow for inmates who are in other stages of the process to hear, and therefore limits confidentiality. Recommendations were made to only allow for one stage of



the intake process at a time. This will increase that likelihood that an inmate may talk and divulge confidential information and help ensure safety for all parties involved.

During interviews with medical staff, who are part of the screening process and who as well as PREA related questions, it was clear that while an inmate may report previous victimization or abuse, that the follow up may not be completed and documented. Staff seem to be robotic in their responses and under the assumption that they next staff member will complete the remainder of the process.

In the past twelve (12) months, a total of 3,560 inmates were admitted to the facility for a period of over 72 hours and were screened for risk of sexual victimization or risk of sexually abusing others.

During the follow-up corrective action visit, staff were well versed in the process and very clear on who and when they need to respond or follow-up on these matters relating to screenings. Random inmate files were selected and reviewed which illustrated all of the steps were being completed. These were all completed within the time frames required by the standards.

#### SUPPORTING DOCUMENTATION LIST

- |           |                                  |
|-----------|----------------------------------|
| 115.41 a. | Policy ADM.08.08                 |
| 115.41 b. | Policy ADM.08.08                 |
|           | PREA Screening Tool              |
|           | PREA Screening Tool Instructions |
| 115.41 c. | PREA Screening Tool              |
|           | PREA Screening Tool Instructions |
| 115.41 g  | Policy ADM.08.08                 |
| 115.41 h  | Policy ADM.08.08                 |

### §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)

**Auditor comments, including corrective actions needed if does not meet standard**

Information obtained from the assessments will be used to inform housing, work, bed and education/programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being aggressive, as per Policy ADM.08.08, Prison Rape Elimination Procedure. These will be made by individual assessments for each inmate.

Policy allows for inmates who are transgender or intersex to shower separately.

The PREA Compliance Manager receives a copy of the PREA Risk Screening and can make changes or speak with inmates to see if there are any issues or concerns. They may then determine if changes are necessary or whether the current housing should remain. During interviews with staff, staff were unable to verbalize the process of this standard or ways in which this could occur.

It appeared that one housing unit houses all Transgender Offenders and during inmate interviews it was clear that this is how the inmates felt. In addition, due to overcrowding and inability to house inmates freely as staff may see fit, it is evident that this could be a problem in the near future.

During the follow-up corrective action visit, staff were well versed in the process and very clear on who and when they need to respond or follow-up on these matters relating to screenings. Random inmate files were selected and reviewed which illustrated all of the steps were being completed. These were all completed within the time frames required by the standards.

Staff were clear and the areas that appeared to have the majority of the transgender inmates were reviewed. In many of the placement instances, it was shown to the auditor that the inmates worked their way into certain units based on classification level. Inmate interviews and staff interviews showed that a more thoroughly follow up and review process if being completed.

#### SUPPORTING DOCUMENTATION LIST

- 115.42 a. Policy ADM.08.08
- 115.42 b. Policy ADM.08.08  
PREA Screening Tool Instructions
- 115.42 c. Policy ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Offenders identified as high risk for sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives has been made, as per policy ADM.08.08, Prison Rape Elimination Act. Further, should that be the only alternative, inmates placed in this type of housing shall be afforded programs, privileges, education, and work opportunities to the best extent possible. Lastly, this shall only be done, for a limited time until alternative means of separation can be completed, ordinarily not to exceed thirty days.

Policy ADM.08.08 states that offenders that are at a high risk for sexual victimization or an offender who is alleged to have suffered sexual abuse or sexual assault shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers.

Policy COR.11.01 states that if an inmate is placed in administrative segregation, thirty days after and each subsequent thirty days thereafter, the Warden or designee shall personally interview the inmate, reassess the case management action plan, and make a written record of his/her decision to either confirm the continued administrative segregation housing or to release the inmate back to the inmate general population. Should the inmate remain in administrative segregation, the Warden will notify the Institutions Divisions Administrator (IDA) of the continued placement and the status of the inmate's compliance with the case management action plan. The IDA will review of the continued placement inmates and decided if transfer to another facility should be considered where the inmate can be placed in general population or whether the continued housing in administrative segregation is warranted.

During the year prior to this audit, there were no instances when an offender was identified as being high risk for imminent victimization and as a result, no offenders were involuntarily segregated. Discussion with multiple levels of staff, however, illustrated that they were aware of this requirement.

### SUPPORTING DOCUMENTATION LIST

115.43 a. Policy ADM.08.08

	Policy COR.11.01
115.43 c.	Policy ADM.08.08
	Policy COR.11.01
115.43 e.	Policy ADM.08.08
	Policy COR.11.01
	Weekly Administrative Segregation Log
	Facility Administrative Segregation Log Report to IDA

### **§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act outlines reporting procedures for inmates.

Offenders may report non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct, or sexual harassment to any PSD employee, contract employee, or volunteer using methods of communication, including but not limited to verbal and non-verbal reports. Staff are to take verbal reports, third party reports, and anonymous reports seriously.

Offenders, Staff and others may report incidents of sexual abuse, sexual harassment and retaliation by:

- Contacting the Ombudsman or the Attorney General
- Contacting the Sexual Abuse Treatment Center
- Contacting the Department PREA Coordinator
- Contacting the Director, Deputy Director, the Warden, . Internal Affairs or the Facility Investigators
- Notifying a family member who can notify the staff above
- Filing Emergency Offender Grievance Complaint
- Contacting the relevant County Law Enforcement Agency

This information is provided to the offenders upon intake to each facility that they arrive through An Informational Guide for Offenders

A third party telephone answering service is available 24 hours per day for inmates. The contract was provided and reviewed.

Staff are advised in their training and in their policy that they can report PREA incidents through their chain of command and if they needed to anonymously report that they can utilize numerous process externally to the facility. Through nearly ALL staff interviews, staff were very clear on following the chain and process if they are responding to an incident, however, staff are extremely reluctant to go any higher. Staffs spoke of an extreme distrust of the management at the facility and feel as if their concerns would not be addressed or taken seriously. Line staff repeatedly told the auditor and support staff that they do not feel confident in the management team and that they cannot go much higher than their immediate supervisors.

#### SUPPORTING DOCUMENTATION LIST

- |           |  |
|-----------|--|
| 115.51 a. | ADM.08.08  |
| 115.51 b. | ADM.08.08  |
|           | Inmate Pamphlet/Brochure, An Informational Guide for Offenders |
|           | Contract with SATC   |
| 115.51 c. | ADM.08.08  |
|           | Information on the Office of the Ombudsman                     |
| 115.51 d. | ADM.08.08  |
|           | Sample Incident Reports  |
|           | PowerPoint for Staff   |

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM08.08 refers to Policy COR.12.03. which states that in response to an emergency allegation of sexual abuse, the grievance officer will issue a final agency decision within five

calendar days detailing whether the offender is at substantial risk of sexual abuse and if action has been taken in response to the emergency grievance.

In the twelve months prior to this audit, there were no emergency grievances filed relating to sexual abuse or sexual assault.

Copies of all grievances referencing PREA allegations are to be forwarded to the Facility PREA Compliance Manager and the PREA Coordinator.

There is no time limit as to when an offender can file a grievance regarding an allegation of sexual abuse. Staff members who are party to an allegation will not respond to any part of a grievance.

Inmates are provided 'New Arrival Information' at intake which details this process.

The facility had two grievances filed in the past twelve months that alleged sexual abuse.

OCCC has not processed any grievances alleging sexual abuse that involved extensions because a final decision was not reached within ninety days, nor were there any cases where OCCC requested an extension.

OCCC received no grievances alleging sexual abuse filed by inmates in the past twelve months in which the inmate declined third-party assistance or containing documentation of the inmate's decision to decline.

OCCC received no emergency grievances nor non-emergency grievances alleged substantial risk of imminent sexual abuse filed in the past twelve months. In addition, since no grievances were filed, no disciplinary action was issued due to an inmate filing in bad faith.

#### SUPPORTING DOCUMENTATION LIST

- 115.52 a. ADM.08.08
- 115.52 b. ADM.08.08
- 115.52 c. ADM.08.08
- 115.52 d. ADM.08.08
- 115.52 e. ADM.08.08
- 115.52 f. ADM.08.08
- COR.12.03
- Informal Resolution Sample
- Administrative Remedy Form
- 115.52 g. ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

A contract exists with Health and Human Services: Sex Abuse Treatment Center (SATC) for services. This number is displayed on posters, pamphlets, the inmate’s handbook, policy, staff informational handouts, and in policy. Test calls were made to this number inside the pods. The individual who answered confirmed that these calls were not recorded. SATC provides sexual abuse crisis phone intakes, secondary phone contacts, crisis stabilization and counseling, and therapy.

Policy ADM.08.08, Prison Rape Elimination Act outlines the reporting process to include two phone numbers for offenders to call. These phone numbers are likewise posted in all housing units, in the dayrooms and in various other places throughout the complex.

### SUPPORTING DOCUMENTATION LIST

- |           |   |
|-----------|---|
| 115.53 a. | ADM.08.08   |
|           | PREA pamphlets, English and Pacific Islander                        |
|           | Posters for Rape Crisis Hotline                                     |
| 115.53 b. | ADM.08.08   |
|           | Mental Health Consent Form  |
| 115.53 c. | Contract with Health and Human Services: Sex Abuse Treatment Center |

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act, states that reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment can be made by a third-party on

behalf of an offender by calling. Inmates can also write a letter to the PREA Coordinator or call the PREA Reporting line. All of this information is provided to the inmate via inmate families via the public website.

During interviews, nearly all inmates were clear about this line and various reporting procedures.

#### SUPPORTING DOCUMENTATION LIST

115.54 a. Policy ADM.08.08  
Public 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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Employees, contract workers and volunteers, according to policy ADM.08.08, shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports and shall immediately and confidentially report to their shift commander or supervisor: Any knowledge or suspicion or information (including third party and anonymous kites, letters and reports) regarding incidents of sexual assault and rape, sexual abuse, sexual harassment and sexual misconduct in a correctional setting; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Sample incident reports from inmate reporting methods were provided and reviewed. Each illustrated compliance. These samples included immediate email notifications of allegations, PREA Response Incident Checklists and intake screening responses which resulted in a report.

#### SUPPORTING DOCUMENTATION LIST

115.61 a. ADM.08.08  
115.61 b. ADM.08.08  
AFSCME HGEA Contract/Agreement



## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act states that any employee, contract worker or volunteer who learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person shall take immediate action to protect the offender.

### SUPPORTING DOCUMENTATION LIST

115.62 a. ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.09, Prison Rape Elimination Act states that should an offender report an incident that happened at another facility, the information will be documented then forwarded to the Facility PREA Coordinator. The Facility PREA Coordinator will then notify the Facility PREA Coordinator at the facility where the incident allegedly occurred. If the incident allegedly occurred at a facility that is not a State facility, the appointing authority or the Facility PREA Coordinator on behalf of the appointing authority where the incident was reported shall notify the head of the facility or the appropriate office of the agency where the alleged incident occurred. This will occur within seventy-two (72) hours of receipt of the information.

A sample of an incident referral was provided and illustrated compliance. OCCC had one occurrence in the past twelve months.

When discussing with the Facility PREA Coordinator Chief of Security, each were well versed and understood this practice.

### SUPPORTING DOCUMENTATION LIST

- 115.63 a. ADM.08.08
- 115.63 b. ADM.08.08
- 115.63 c. ADM.08.08
- 115.63 d. ADM.08.08

### **§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)

Policy ADM.08.08, Prison Rape Elimination Act provides staff with an outline for PREA facility response. The process includes, as required by the standard: Separation of the perpetrator and the victim; preserving and protecting the crime scene; forensic evidence preservation (when within time frames) for both the victim and the perpetrator; and other agency required reporting and documentation steps.

The facility provided several samples of PREA reports whereas the documentation illustrates that offenders and victims were separated and the first responder duties were adhered to.

#### SUPPORTING DOCUMENTATION LIST

- 115.64 a. ADM.08.08
- 115.64 b. ADM.08.08

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act, states that each facility shall use the PREA Checklist as applicable and PREA Response Plan Guideline for Sexual Assault or Sexual Abuse to develop a written PREA facility response plan.

The facility response plan for OCCC was reviewed and met all of the elements of the standards and processes.

SUPPORTING DOCUMENTATION LIST

115.65 a. ADM.08.08

OCCC Response Plan

**§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)

**Auditor comments, including corrective actions needed if does not meet standard**

There is a collective bargaining agreement in place. The agreement does not prohibit the agency's ability to remove alleged staff sexual abusers from contract with nay inmate pending the outcome of an investigation or of a determination of whether or to what extend discipline is warranted.

SUPPORTING DOCUMENTATION LIST

115.66 a. Agreement with United Public Workforce, AFSCME

**§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act details the zero tolerance policy the CDOC have for acts of retaliation or intimidation. Offenders, staff, volunteers or contract workers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations

The Facility PREA Coordinator maintains a log of all those who report and tracks each on scheduled basis to ensure that the offender victims are not retaliated against. He monitors their work, education and housing assignments as well as their disciplinary history to ensure

that they are not being sanctioned or reassigned as retaliatory practices. If retaliation has occurred, she will report these suspicions and/or observations to the PREA Coordinator. This monitoring is completed for at least 90 days following a report of sexual abuse or sexual assault.

OCCC employs several protection measures such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with the victim, and emotional support services for offender victims or staff who fear retaliation for reporting sexual abuse, sexual assault, or sexual harassment or for cooperating with investigations.

A retaliation monitoring log was provided and reviewed. Also, a staff advised that there was one incident of retaliation found. The report and supporting documentation was reviewed and it was seen that the incident was handled and addressed promptly while keeping the safety of the inmates involved in mind.

#### SUPPORTING DOCUMENTATION LIST

115.67 a. ADM.08.08

115.67c. ADM.08.08

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ARADM.08.08, Prison Rape Elimination Procedure states that any employee, contract worker or volunteer who learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person shall take immediate action to protect the offender.

The facility may assign such offenders to involuntary removal from the general population housing, until an alternative means of separation from the likely abuser(s) can be arranged, and such assignment shall not ordinarily exceed a period of thirty (30) days.

OCCC has not had any inmates who reported being sexually abused who were held in involuntary segregation.

Staff that was interviewed was well aware of the requirements surrounding this standard and policy. There were no instances with which this was required during the review period.

## SUPPORTING DOCUMENTATION LIST

115.68 a. ADM.08.08

### §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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

A copy of the PowerPoint training for Investigators was reviewed with the file. In addition, a training roster for the PSD was included which showed which staff has been trained, including the investigators for the facility.

The Prison Rape Elimination Act Policy, ADM.08.08 in detail outlines the investigative process; this includes timeliness, documentation, and use of interpreters, contracted/volunteers employees, victim rights, credibility, preponderance of evidence, retaliation, and discipline/departure of staff.

HPD has jurisdiction on criminal investigation and Internal Affairs will conduct administrative investigations. IA investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Administrative investigative reports are to include descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative findings of fact.

## SUPPORTING DOCUMENTATION LIST

115.71 a. ADM.08.08

115.71 i. ADM.08.08

### §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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.008.08 states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse or sexual harassment are substantiated.-

Policy ADM.08.08 was reviewed which provides a thorough definition of the preponderance of evidence which is utilized. In addition, a hearing format sheet is attached which also outlines the disciplinary process which requires the establishment of guilt based on a preponderance of the evidence.

Copies of all investigations that occurred at this facility were attached and reviewed. These referenced the preponderance of evidence in its conclusion and based on the documents provided, it appears that this was followed.

This was also confirmed with interviews with the PREA Coordinator and IA.

#### SUPPORTING DOCUMENTATION LIST

115.72 a. ADM.08.08

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act states that facility staff will document all notification and attempted notifications of offenders/victims.

Policy also states that if the allegation is against another offender the offender victim shall be notified if the PREA Administrator and Compliance Services Program learn that the alleged abuser has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility. It also states that if the allegation is against a staff member, the offender victim shall be informed unless it has been determined that the allegation is unfounded, whenever:

- a. the staff member is no longer posted within the offender victims unit;
- b. the staff member is no longer employed at the facility;
- c. And/or the staff member has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility.

During the review period, there has not been s substantiated complaint of sexual abuse by a staff member against an offender.

The Agency PREA Coordinator provided the auditor with samples of ‘PREA Mandated Reporting’ Forms which illustrated Notices to the victim offender of the results of the completed investigation, the status of the criminal case, or the employment status/location of the alleged staff abuser.

#### SUPPORTING DOCUMENTATION LIST

115.73 a.	ADM.08.08
	Incident Checklist
	Statement
115.73 b.	ADM.08.08
115.73 c.	ADM.08.08
115.73 d.	ADM.08.08
115.73 e.	ADM.08.08
	PREA Mandated Reporting Form

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act outlines in detail the staff disciplinary process and categories of reporting. All cases involving sexual assault/rape, sexual abuse and sexual harassment are referred to the Director, who will direct the Inspection and Investigation Office Hearings Officer to conduct a hearing of the Inspector General. Any criminal sexual abuse case is process externally by county law enforcement, which When appropriate, the OIG will refer such cases to the Prosecutor’s Office for prosecution.

In the twelve months preceding this audit, OCCC did not have an applicable sample. The Agency PREA Coordinator, however, did provide samples of compliance at the agency level of the process at three other Agency Facilities. These samples included an investigation that led to a staff resignation and an investigation that led to termination.

#### SUPPORTING DOCUMENTATION LIST

- 115.76 a. ADM.08.08  
Sample Report, Investigation, Employee Separation
- 115.76 b. ADM.08.08  
Sample Resignation  
Sample Termination
- 115.76 c. ADM.08.08
- 115.76 d. ADM.08.08

**§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act, indicates that all cases will be referred to the HPD and if appropriate will be referred to the County Prosecutor’s Office for prosecution. It also states that any contract worker or volunteer who engages in sexual assault/rape, sexual abuse or sexual harassment or retaliates against an offender who reports sexual assault/rape, sexual misconduct and sexual harassment or cooperates with the investigation where such behavior rises to the level of criminal behavior, shall be prohibited from contact with offenders and reported to HPD or local law enforcement and to relevant licensing bodies.

A memorandum was provided indicating that in the twelve months prior to this audit, there was no contractor or volunteer acts of sexual abuse or sexual harassment at the facility.

**SUPPORTING DOCUMENTATION LIST**

- 115.77 a. ADM.08.08
- 115.77 b. ADM.08.08



## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act indicates that sexual activity between offenders is prohibited and are subject to discipline. The definition of sexual assault is that an offender commits this offense when he/she has active or passive contact or fondling which is coerced or forced between his genitals, hands, out, buttocks, or breast or with the use of animate or inanimate objects and the genitals, hands mouth, buttocks, anus or breast of another person. Contact can be with or without clothing being worn by one or both parties.

ADM.08.08 also describes counseling or other interventions designed to address and correct underlying reasons or motivations for abuse which is offered.

Inmates are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such an act and inmates will not be subject to discipline for a report of sexual abuse made in good faith.

During the prior twelve months, no incidents occurred where there was a criminal finding of guilty, however offender misconduct is processed by the Adjustment Committee and the offender has not been through the process.

OCCC did not have an applicable sample within the twelve month review period. The Agency PREA Coordinator did include a sample from another facility to illustrate compliance as an Agency with this Standard and the Policy ADM.08.08.

### **SUPPORTING DOCUMENTATION LIST**

115.78 a.	ADM.08.08
	Inmate Disciplinary Sanctions
115.78 d.	ADM.08.08
115.78 e.	ADM.08.08
	Sample Investigation
115.78 f.	ADM.08.08
115.78 g.	ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy states that the staff will obtain informed consent from the offender before reporting incidents that did not occur in an institutional setting.

Policy ADM.08.08, Prison Rape Elimination Act states that initial intake assessments will be completed and should the offender state that he has experienced prior victimization, either inside or outside of an institutional setting, that the offender will be offered follow up within fourteen days.

This information is confidential and strictly limited to medical and mental health clinicians and other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law (as per Policy ADM.08.08)

A sample of an offender intake form was reviewed in which the inmate had indicated such prior victimization. The inmate was seen for follow-up by Behavioral Health Staff.

### **SUPPORTING DOCUMENTATION LIST**

115.81 c.	ADM.08.08
115.81 b.	ADM.08.08
115.81 d.	ADM.08.08
115.81 e.	Medical Consent

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08 states that clinical services will conduct a cursory assessment of any victim of sexual assault. Urgent and emergent medical care is provided at the facility as needed. Additional medical care is provided during or after the forensic exam. Victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Policy also indicates that treatment services provided to victims shall be without financial cost and shall be regardless if the victim names the abuser or cooperates.

During the review period, OCCC did not conducted any assessments for victims of sexual assault.

In addition, medical staff interviewed was aware of their roles.

#### SUPPORTING DOCUMENTATION LIST

115.82 a.	ADM.08.08
115.82 c.	ADM.08.08
115.82 d.	ADM.08.08

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

According to Policy ADM.08.08, Prison Rape Elimination Procedure, acute trauma care will be provided to victims of sexual assault including but not limited to, treatment of injuries, HIV/Aids and testing for STD's. During the time period under review, there was no acute measures necessary due to their being no occurrences. Medical staffs, as well as management and security supervisors, who were interviewed, were all aware of these requirements.

In addition, policy states that the evaluation and treatment will include, as appropriate, follow-up service, treatment plans, and when necessary, referral for continued care following transfer to other facilities or their release from custody.

#### SUPPORTING DOCUMENTATION LIST

115.83 c.	ADM.08.08
115.83 d.	ADM.08.08

115.83 e. ADM.08.08

115.83 f. ADM.08.08

115.83 h. ADM.08.08

## §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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act, states that the facility will conduct a PREA Incident Audit at the conclusion of any investigation, even if it has not been substantiated. If an allegation is unfounded, the PREA incident audit does not need to be completed. The policy continues to outline the review process. A facility incident review computer generated sheet is utilized. This form contains prompts for all pertinent information required as per the standard but, in addition, includes all information necessary for data collection and the Survey of Sexual Violence. The review also reviewed all required all areas relating to the incident, cameras, staff response, investigation, demographics, and the facility operations as a whole. This exceeds the standard and provides for a clear summary, overview and demographic analysis of the cases.

Four samples of Sexual Abuse Incident Review Reports were attached to illustrate compliance. Said Reviews were related to an incident that occurred during the review period. No corrective action was mandated from any incident reviews that were conducted. All staff involved signed a confidentiality agreement. The reviews included all necessary factors as required by the standard.

Ordinarily, these reviews will be within 30 days of the incident. Involved in the reviews are upper management officials, with input from supervisors, investigators, medical or mental health professionals, case management supervisors and intelligence officers. Interviews with the aforementioned specialized staff corroborated that these occur and the process.

### **SUPPORTING DOCUMENTATION LIST**

115.86 c. ADM.08.08

Incident Review

115.86 b. ADM.08.08

115.86 c. ADM.08.08

115.86 d. ADM.08.08

115.86 e. ADM.08.08

### §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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

A matrix was provided and reviewed which shows all the crime types, definitions, and elements, as well as BJS Reporting relating to each type of PREA related incident/occurrence.

The 2014 SSV was provided to show that the facility has reported the incident to the Department of Justice. The Department's website has previous years SSV Reports.

Policy ADM.08.08, Prison Rape Elimination Act outlines the aggregating and reporting requirements for the agency relating to incident-based sexual assault/rape, sexual abuse and sexual harassment at least annually. The reports are completed in part, at the facility level and compiled, reviewed and maintained at the agency level for the entire State.

The Agency PREA Coordinator thoroughly outlined this process during her interview and clearly was extremely knowledgeable in the process.

#### SUPPORTING DOCUMENTATION LIST

115.87 c. PREA Crime Types Comparison  
PREA Incident Crime Types  
Survey of Sexual Violence, 2014

115.87 b. ADM.08.08

115.87 d. ADM.08.08

115.87 e. ADM.08.08

115.87 f. ADM.08.08  
Annual Report  
PREA incidents

## **§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)

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08, Prison Rape Elimination Act, outlines the process by which the PREA Administrator will collect and aggregate data, identify problem areas, recommend corrective action, and prepare an annual report. It states that the PREA Administrator will prepare an annual report of findings and corrective actions for each facility as well as for the agency as a whole. It shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual assault/rape, sexual abuse, and sexual harassment. It will be approved by the Executive Director and made public through the agency's website.

The 2014 annual report was provided and reviewed. All required elements as per the standard and the policy are present. This report contained the corrective actions that took during the 2013/2014 review period.

### **SUPPORTING DOCUMENTATION LIST**

- |           |                         |
|-----------|-------------------------|
| 115.88 a. | ADM.08.08               |
|           | 2014 PREA Annual Report |
| 115.88 b. | ADM.08.08               |
|           | 2014 PREA Annual Report |
| 115.88 c. | Website                 |
|           | 2014 PREA Annual Report |
| 115.88 d. | ADM.08.08               |

## **§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy ADM.08.08 states that personal identifying information will be removed prior to information being placed on the public website. Also, all claims of sexual assault, rape, sexual abuse, sexual misconduct and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation finds, and recommendations for post-release treatment and/or counseling are retained by the Officer of the Inspector General forever. This information is also available on the Public Website and after review it was seen that all personal identifiers have been removed.

**SUPPORTING DOCUMENTATION LIST**

115.89 a.	ADM.08.08
	Website
115.89 c.	ADM.08.08

**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.



Jillian Shane

DOJ Certified Auditor Signature



Date

