

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

Interim Final

Date of Report 02/14/2020

Auditor Information

Name: Jason M. Bennett Email: jason.bennett@doc.wa.gov

Company Name: Wa State Department of Corrections

Mailing Address: 11235 Hoh Mainline City, State, Zip: Forks, WA 98331

Telephone: 360-374-7001 Date of Facility Visit: Sept 22- Sept 26, 2016

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Hawaii Department of Public Safety State of Hawaii

Physical Address: 919 Ala Moana Blvd Suite #400 City, State, Zip: Honolulu, HI 96814

Mailing Address: Same as above City, State, Zip: Same as above

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

Municipal County State Federal

Agency Website with PREA Information: <http://dps.hawaii.gov/policies-and-procedures/pp-prea/>

Agency Chief Executive Officer

Name: Nolan P. Espinda, Director

Email: Nolan.p.espinda@hawaii.gov Telephone: 808-587-1288

Agency-Wide PREA Coordinator

Name: Shelley Harrington, ISDA / PREA Coordinator

Email: shelley.d.harrington@hawaii.gov Telephone: 808-587-1415

PREA Coordinator Reports to: Number of Compliance Managers who report to the PREA Coordinator
Director Eight

Facility Information

Name of Facility: Halawa Correctional Facility

Physical Address: 99-902 Moanalua,

City, State, Zip: Aiea, HI 96701

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://dps.hawaii.gov/policies-and-procedures/pp-prea/>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
PREA Audit Completed November 11, 2016

Warden/Jail Administrator/Sheriff/Director

Name: Scott Harrington, Warden

Email: scott.o.harrington@hawaii.gov

Telephone: 808-485-5220

Facility PREA Compliance Manager

Name: Randy Galarsa, Lieutenant

Email: randy.s.galarsa@hawaii.gov

Telephone: 808-485-5284

Facility Health Service Administrator N/A

Name: Mahina Assily, CSA

Email: mahina.o.assily@hawaii.gov

Telephone: 808-485-5178

Facility Characteristics

Designated Facility Capacity:	586	
Current Population of Facility:	708	
Average daily population for the past 12 months:	796	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-83	
Average length of stay or time under supervision:	4 years	
Facility security levels/inmate custody levels:	Medium to Max	
Number of inmates admitted to facility during the past 12 months:	1238	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	927	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	917	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	413	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	27
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	46
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	42
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	223
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	9
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	56
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	None	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	8 (2 facility; 6 internal affairs)	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

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

Jason M. Bennett, a certified auditor for adult facilities, certified by the U.S. Department of Justice (USDOJ), conducted the Prison Rape Elimination Act (PREA) audit of the Halawa Correctional Facility (HCF). The onsite audit was conducted September 22-26, 2019. The facility's previous DOJ PREA Audit was completed October 2016. Halawa Correctional Facility is operated by the Department of Public Safety, State of Hawaii (identified as PSD). In addition to the lead auditor, the team was comprised of Laura Paul (Clallam Bay Corrections Center). The audit was conducted as part of the Western States PREA Audits Consortium agreement as a reciprocal audit. During the course of the audit, Jason Bennett conducted the documentation review, informal and formal interviews with both staff and inmates. Laura Paul conducted interviews with random and targeted inmates. The site review was conducted by Jason Bennett and Laura Paul.

Phase I: Pre-Onsite Audit

On 09/05/2019 a teleconference meeting was held between the Program Specialist V from the PREA coordinator's office and the auditor. During the meeting general logistics of the audit were discussed including the need for unimpeded access to the facility, staff, and documentation. The facility noted non-allowable items, including electronics and cell phones. The auditor provided a copy of the PREA audit process map to the agency describing the Pre-Audit, Audit, and post audit phases; including evidence review and corrective action period if necessary. The agency has completed previous DOJ PREA Audits and this was the 2nd audit for Halawa Correctional Facility, as such the agency was familiar with the audit process, the role of the auditor as well as the purpose of the practice based audit. The agency PREA coordinator representative noted an understanding of the purpose of corrective action. During the meeting timelines were discussed including the posting of audit notices at least 6 weeks prior to the audit and the delivery of the proof document through a flash drive. The auditor noted that in addition to the routine protocols, that portions of the draft protocols for Grievance Coordinator, Disciplinary Hearings Officer and Volunteer Coordinator would be used as part of the audit.

On 08/09/2019 the auditor provided auditor notice information to the agency. On 08/12/2019 the auditor received electronic confirmation of the postings. A total of 56 dated photos across seven emails were sent. Each photo indicated the various housing unit and common areas including, but not limited to: gym, learning center, medical waiting area, medical ward, kitchen, law library, and industries. The postings were on white paper with a red, white and blue American flag in the background.

The notice read as follows:

DOJ PREA Audit
Halawa Correctional Facility
September 23, 2019 to September 27, 2019

During the dates listed above a U.S. Department of Justice Certified PREA Auditor will conduct a PREA audit at this facility. If you want to provide information or talk to the PREA Auditor, you can do so by sending a letter directly to the PREA Auditor.

Staff or Offenders with information to provide may write to:

*Jason Bennett
Superintendent
11235 Hoh Mainline
Forks, WA 98331*

All correspondence must include "for HCF PREA Audit" on the envelope; otherwise it will not be considered confidential.*

**CONFIDENTIALITY – All written and verbal correspondence and disclosures provided to the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:*

- If the person is an immediate danger to her/himself or others (e.g. suicide or homicide);*
- Allegations of suspected of child abuse, neglect or maltreatment;*
- In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.*

During the onsite review the auditor met with mailroom staff and verified the instructions they received specific to the processing of mail to the PREA Auditor as confidential and uninspected. The auditor received one letter from an inmate incarcerated at Halawa Correctional Facility; the letter was unopened by the facility. During the onsite review the auditor met with the individual author of the letter.

The Pre-Audit Questionnaire (PAQ) dated 08/09/2019 and initial documentation was received by the auditor on 08/12/2019. The material was provided on a password protected flash drive and included the PAQ and supporting documents for each of the such as policies, staff rosters, photographs, schematics, and other miscellaneous documentation to support the agency's compliance with each of the PREA standards.

On 09/11/2019 the auditor forwarded a request for Employee files and a copy of the document review checklist indicating which type of information would be needed including employee applications with background check information, contact with prior institution employers and employee training.

Prior to the onsite review the auditor conducted searches for public information related to the Halawa Correctional Facility, including the agency website. In addition to the facility the search included terms such as PREA, abuse, staffing, and overcrowding. The search was conducted using both Google and Bing search engines. Specific to Halawa Correctional Facility the search produced numerous articles, relating to PREA, Security, and Request for funding inmates out of state.

As part of the advance contacts an email was sent to Just Detention International (JDI) on 09/19/2019 as an outreach regarding any complaints or concerns they may have received since the last PREA audit in October 2016. JDI responded via email on 09/20/2019 indicating that they had not received any information regarding the facility (Halawa Correctional Facility).

The Auditor was able to reach an advocate from the Sex Abuse Treatment Center (SATC) at the phone number provide on posters 808-587-0770, internally inmates may use the GTL speed dial (#01). The advocate was able to articulate the services that are provided to Halawa Correctional Facility. SATC provides crisis response services available to sexual assault victims; a hotline to enable victims to access crisis intervention 24 hours a day - 365 days a year; ongoing crisis phone support; in-person crisis counseling; legal advocacy; and presence with crisis stabilization during forensic medical exams. During the interview with staff at the SATC, the auditor noted that crisis counseling is provided on site at the medical facility and the Halawa Correctional Facility would coordinate the transport. SATC Staff indicated that they would also serve as a confidential reporting avenue for the facility, however they would require a release from the victim prior to forwarding any information to the agency.

Prior to the onsite review, the auditor sent an initial request for additional documentation on 09/16/2019. The agency staff responded in a timely manner providing the documents as requested. Several more emails were exchanged in advance of the audit requesting additional documentation, each request received a timely response.

On 09/13/2019 the auditor sent the audit process map to designated Program Specialist in the PREA Coordinator's office along with the request for information and a list of access that would be needed for the audit including:

- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- All hotline calls made during the 12 months preceding the audit

A list of the documentation during our onsite review.

- Complete staff roster, including those working during all three shifts
- List of staff that are not security and on a roster and their schedule
- List of PREA allegations in the past 12 months (provided with the PAQ)

Complete inmate roster (provided based on actual population on the first day of the onsite portion of the audit)

- Youthful inmates (if any)
- Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- Inmates who are Limited English Proficient (LEP)
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates (identify all inmates in each category)
- Inmates in segregated housing
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening

Staff List - Complete staff roster (indicating title, shift, and post assignment)

Specialized staff which includes:

- Agency Contract Administrator
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates, if any
- Education staff who work with youthful inmates, if any
- Program staff who work with youthful inmates, if any
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches

- Administrative (human resources) staff
- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)
- Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse)
- First responders, non-security staff (individuals who have responded to an incident of sexual abuse)
- Intake staff

Phase II: Onsite Audit

The onsite review began on Sunday 09/22/2019; the audit team arrived at the Halawa Correctional Facility administrative building at 0745 to check-in. The team was escorted to the office of the PREA Compliance Officer and provided with inmate rosters by module and staff rosters for each day of our audit. Following our check-in, the audit team was escorted on a facility onsite review by the PREA Compliance Manager and a representative from the agency PREA Coordinator's office and senior facility management. Due to travel arrangements with the weekend arrival, the formal in brief with the warden was scheduled for the following day. The auditor noted that on the day of arrival the facility count was 786 (682 on the Medium Facility and 104 in the Max)

During the arrival the auditors noted visitors in the public waiting area and observed limited PREA information posted in area. This was noted to the facility staff and addressed by the facility. Auditors noted that on arrival the second day that supplemental PREA posters were available for view for individuals waiting for visits. The posters provided a zero tolerance statement, and how to report incidents of sexual abuse or sexual harassment; including phone numbers for the Sex Abuse Treatment Center and Ombudsman.

The tour began with the main administration building in the Intake Area. The area was accessible but not in use due to the weekend; auditors noted the presence of both the auditor notice and the PREA posters in this area. PREA posters were found inside the holding area of the intake area. The auditors noted the presence of a single camera and mirror. The area was wide open with lots of windows for the interview rooms, there was an area equipped with a curtain for strip searches and a posted notice to female staff that strip searches were in progress. The area is used to provide the educational video pursuant to §115.33. There is a TV available that is used to provide the video "PREA: What You Need to Know." The video is available in closed caption for those with limited hearing.

The auditors proceeded to the Secured Housing Unit, it was noted that upon initial entry there were no announcements made when entering the area, however they do make female announcements when you enter the specific block, it is made by the booth officer. There was specific instructions at each doorway in bright yellow that stated, "PREA Requirement Housing Unit Staff & Opposite Gender Persons must announce the presence of Opposite Gender Personnel, when entering the Housing Unit in order to enable inmates to shower, perform bodily functions & change clothing without staff of opposite gender viewing their breasts, buttocks, or genitalia."

PREA posters were found in the area along with a notice of audit. During the onsite review the auditor went into the pods and inspected the cell design; the toilet areas were not directly visible. Showers in

the area provided privacy to avoid cross gender viewing. The pods each had a telephone on wheels that could be moved in front of the cell so that the phone could be accessed through the cuff port. The phone numbers for reporting PREA allegations were on the walls within the pod but across the floor from cells, making the number difficult to read. It was recommended by the auditor that the phone numbers be attached to the mobile phone stations so that the number would be easily readable when the inmates had access to the phones. Cameras in the area provided no line of site into the cells, or shower areas. There was one storage area where the inmate janitor had access; it was recommended that a mirror be placed in the area to increase visibility.

The site review continued to the Health Services unit. The auditors noted that the audit posting were present in the waiting area and during the walkthrough of housing. Individual posters were found in various areas of the clinic. The clinic medical records area was secured. The audit team noted cameras were located within the medical ward cells. The escorting staff stated although female staff work in the area, the post with camera access is staff by male staff to avoid cross gender viewing. The auditor noted that male staff were working the booth area at the time. Staff offices in the area were secured and do not allow inmate in the area.

The primary living units for the medium security facility were designed in four identical modules, each module was split at the entrance for an A side and B side. Within each side where four quads. Each Quad was designed with two floors. The bottom floor of each quad has 8 cells, the cells at present the cells house up to 2 individuals per cell, however they have housed as many as three, the inmate rosters indicated a top bunk, bottom bunk and floor bunk. Two quads in each side have 8 cells, the other two quads have 7 cells. This was consistent along all four modules. There is a total of 124 cells per module.

As part of the onsite review the auditor walked through each living unit observing showers, toilet areas, inmate cells, cameras, monitoring locations, windows, and mirrors. The auditor noted that camera coverage did not provide visibilities for sleeping areas, toilets and showers. This was verified by the auditor during a review of monitors in the control rooms. Showers in the units provided coverage through the use of curtains, the auditor noted that the curtains went all the way to the bottom of the shower providing concealment of potential problem areas; however, noting the narrow size of the showers and the design, removing portions of the shower create too much visibility and safety risks for slipping near the shower vicinity.

Each side of the module was supervised by an officer in a booth with control over the cell doors and access and egress. Staffing for the modules included one sergeant and up to four staff including two that are coded as essential and two listed from programs.

The audit team observed audit notices at the entry to the module and in each side of the module, it was noted that one of the notices was missing during the tour, however the auditor found the photographic evidence that it had been previously posted. The auditor observed PREA education posters in each of the quads in a central location for visibility. The auditor also observed a GTL call sheet next to each of the telephones that provided the GTL DPS Speed Dial Instructions that included contact information as phone access to:

- State Ombudsman's Office #06
- Oahu Sex Abuse Treatment Center 24-Hour Hotline #01
- Maui Sex Abuse Treatment Hotline #02
- Hawaii (Big Island) Sex Abuse Treatment Hotline #03
- Kauai Sex Abuse Treatment Hotline #04
- PSD PREA Coordinator #05

The site review continued into the dining halls and kitchen area. The auditor noted that the dining hall was wide open with limited blind spots. The auditors noted that the PREA audit notice was posted in the kitchen area. Most refrigerator and freezer areas were found to be secured during the onsite review. One freezer area was inoperable and unsecured. However the area had signage and a large window providing vision into the room. All inmate bathrooms in the area had no locks and used signs to inform others that the area was occupied. During the walkthrough the auditors made a recommendation for the addition of mirrors in two locations. On 10/17/2019 the auditor received photo confirmation that mirrors had been added to increase visibility.

The onsite review continued through the Visiting Area; due to contraband introductions all visits in this facility were non-contact visiting. Auditors observed access from both the inmate side and the visitor side. The auditor recommended the addition of a poster in the waiting area for visitors and noted it had been added on the second day of the audit. The auditors noted the presence of several cameras covering the area and the space as open with no concerns for blind areas.

The review continued to the special needs facility, noting that the special needs facility is adjacent to the medium security facility with its own perimeter and access/egress. This facility was built in 1962 as the Honolulu city and county jail. Modules 5, 6, and 7 are located at the special needs facility. Each module provides for individual housing, with two tiers per module. The design capacity is 90, however the agency has determined the operational capacity to be 132. During the audit the count was 102. Showers were located at a corner of the pod with long shower curtains similar to the modules in the medium facility. The auditor made an initial recommendation to cut off a portion of the curtain to increase visibility for security, however due to the small size of the shower and the design, removing a portion of curtain was impractical and would create a safety concern due to water spilling onto the floor. The auditor noted that mirrors provided access to blind spots within the area. There were cameras located within the unit, however no cameras facility toilet or shower areas. The special needs facility maintained its own kitchen with workers from the medium facility. The kitchen was smaller in size from the medium unit, but provided good visibility and no significant blind spots.

Due to the first day of the onsite review occurring on the weekend there were locations used for programming that were closed and limited access. The audit team agreed to visit those locations on day two of the audit to see them when they were in full operation. The audit team was provided escorts and opportunity to begin interviews through the rest of the first day. The interviews, methodology and process are discussed in further detail below.

On the second day of the audit 09/23/2019, the audit team conducted an in brief with the Warden Scott Harrington and several members of his leadership, following the introductions and discussion on the audit process the audit team was escorted by the PREA compliance manager and program specialist from the PREA coordinators office to complete the site review of areas that were inaccessible on the first day.

The site review began in the maintenance and industries area, during the walkthrough the auditors observed wide open areas, there were audit notices and PREA posting present throughout the area. The auditors observed positive control over areas, noting that doors that were required to be locked were locked when checked. Areas throughout the maintenance department included windows, mirrors and cameras to minimize blind spots. The auditors noted that used of fencing to secure areas of the laundry room to reduce access to behind equipment. The area was also covered with mirrors and cameras.

During the walkthrough of the print shop the auditors noted the area to be wide open with good visibility and camera coverage over the operations area.

The site review continued through the education building and library. The education building was another wide open building with offices and classrooms connect to the main computer classroom. Inmate bathroom had no lock and used signage to alert staff and other inmates that the area was occupied. During the review of the law library the auditor spoke inmates about access to the PREA standards and policies, the inmates in the area were able to access the information.

During the review of the recreation area, the auditors noted the presence of the audit notice, the gym was wide open with no visible blind spots, the recreation staff have an office in the building with windows providing good visibility.

The facility provided private areas for each of the interviews, including staff offices and conference rooms. A total of 46 individual staff were interviewed including 17 random and 29 specialized staff. Additional numbers are indicated in the total protocols below noting that the PREA compliance manager fulfills multiple roles as indicated below. Three additional specialized staff were asked two sets of questions due to overlapping duties. Random staff were selected to provide sample representation from each shift, job class, work location, and seniority or time in service.

- Agency Director = 1
- PREA Coordinator = 1
- Agency Contract Administrator = 1
- warden = 1
- PREA Compliance Manager = 2 (includes former PCM)
- Administrative (HR) Staff = 1
- Supervisors who conduct rounds = 5
- Medical and Mental Health staff = 3 (1 Medical staff and 2 Mental Health staff)
- Non-medical staff who conduct searches = 3* (facility reported 0, questions included with random staff.
- SAFE/SANE = 1
- Victim advocate = 1
- Agency Investigators = 1
- Facility Investigator=2 (PCM and former PCM)
- Staff who conduct screenings = 2 (PCM and former PCM)
- Staff who supervise inmates in segregation = 1
- Staff who participate in incident reviews = 2
- Staff responsible for monitoring for retaliation = 2 (PCM and former PCM)
- Staff who serve as first responders = 4 (2 security and 2 non-security)
- Intake staff = 2
- Contractors=2
- Volunteers = 2
- Disciplinary Hearings Officer= 1
- Volunteer Coordinator= 1
- Random staff = 17

The number of inmates housed at Halawa Correctional Facility on the first day of the onsite review was 786. For inmate interviews, the auditor reviewed the population prior to the onsite review. The auditor selected the 5th inmate and 10th in each of the housing areas (quads). Selections were then adjusted

for prioritization of targeted inmates groups. Adjustments were made to the initial random process to provide for representation of diversity for age, vulnerability, ethnicity and time in the facility.

A total of 39 individual interviews including were conducted with inmates, noting that the random questions were asked in each interview and only one specialized protocol was used with the targeted interviews listed below:

- Youthful inmates = 0 (Confirmed via inmate rosters)
- Physically disabled / blind / deaf / hard of hearing = 1
- LEP inmates = 1
- Cognitively disabled inmates = 3
- LGB = 4 (out of 14)
- Transgender / intersex inmates = 2 (out of three)
- Inmates in segregation for high risk of victimization = 0 (the facility reports none)
- Inmates who reported sexual abuse = 2
- Inmates who reported sexual abuse during an assessment = 5
- Inmates who wrote to Auditor prior to onsite audit = 1
- Random inmates = 22

During interviews with the random inmate protocols, a significant majority of (36 out 39) inmates indicated that female staff routinely announce their presence or their presence is announced by the booth officer when entering into the housing areas. One individual said females do not announce, one said that they sometimes do, and one individual stated he never saw female staff. Similarly, when asked, "Are you and other inmates ever naked in full view of MALE/FEMALE staff (not including medical staff such as doctors, nurses)?" 37 out of 39 inmates stated "no", the remaining two stated maybe or possibly. 39 inmates were interviewed and all Interviewees indicated that they had an understanding of the facility's rules against sexual abuse and sexual harassment as well as their right to not be sexually abused or sexually harassed.

During the onsite review the audit team tested the phone system calling both the PREA hotline for notification, and calling the victims' advocates. The auditors noted successful contact with a live person. This was corroborated during an interview with the SATC staff noting that after hours and weekends someone always carry's the contact phone.

During the onsite review the auditors tested in the grievance process, Inmates stated they had to ask for both Grievance Forms and Outside Agency forms if they needed one. This was verified by the auditors, when the auditors asked for the grievance form for the process. The agency staff indicated that the grievance forms are logged for controls within the process, however inmates can ask for grievance forms without giving the reason so that confidentiality may be maintained on the content within the document. A grievance form was provided to the auditor and the auditor was later notified by the program specialist that the grievance was received and would have been processed accordingly. During interviews with the grievance office it was noted that per policy all grievances in regards to sexual abuse are exempt from the normal timeframe limitation provided for the program.

During the onsite review the auditor observed the screening for victimization process discussed in §115.41. The PREA compliance officer does not have a designated space for meeting with the inmates and generally meets with them using a private staff office within the living units. During the observed screening the PREA compliance officer met with an individual that had arrived within the previous 72 hours, he introduced himself and ask the inmate for permission to allow me to observe the process.

During the interview, the auditor observed the PREA compliance officer ask interview the inmate and ask: (1) Whether the inmate has a mental, physical, or developmental disability; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. It was noted by the auditor that the PREA compliance manager was able to ask the questions by rote and made notations on a blank sheet of paper. As the PREA compliance manager had the questions memorized, it was recommended by the auditor that the he take a checklist or print out with him in order to ensure 100% accuracy at during every interview.

During the onsite review the auditor noted that the facility employed 413 staff that had contact with inmates. The auditor selected 30 staff records for review including background checks and training records. This selection included individuals selected in the interview process. The auditor selected records with a concentration on newer staff and varied time in the agency as well as staff who promoted or changed positions in the last year and staff who reached a five year interval for updated background checks. Prior to arrival (09/22/2019) the auditor requested 36 inmates' files for review. The auditor also reviewed 10 additional files specific to mental health needs for inmates who had reported being victims or perpetrating sexual abuse.

The facility provided the incident log for all allegations from 05/01/2018 through 05/31/2019. There were 19 total allegations of sexual abuse, one of which included the dual complaint of sexual harassment. 4 of the allegations were inmate on inmate, and 15 were staff on inmate. Two of the staff on inmate allegations were substantiated, three staff on inmate allegations were unsubstantiated, and six of the staff on inmate allegations were unfounded. The remaining four investigations of staff on inmate are pending. One inmate on inmate was unfounded, three inmate on inmate allegations are listed as pending.

On 09/26/2019 the audit team conducted an out brief with the Warden Scott Harrington and several members of his leadership team. The audit team provided the next steps for the facility discussing the the evidence review process time frames for the completion of the report.

Phase III: Evidence Review

Upon the close of the onsite review, the auditor began the evidence review phase of the audit. This phase included the triangulation of information received from the PAQ and supporting documentation, the interviews conducted while onsite and the direct observations made by the audit team. To coordinate these efforts the auditor used tools provided by the PREA Resource Center including the Auditor Compliance Tool, the Documentation Review for Investigations, Documentation Review for Employee files, Documentation Review for Inmate Files, and the PREA Audit Report Introductory Sections Checklist. During the review the auditor exchanged a number of document requests with the agency, and received timely (less than 24 hrs.) responses with each request.

Facility Characteristics

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

The Halawa Correctional Facility is operated under the State of Hawaii, Department of Public Safety; Corrections Division. According to the agency public website: “The Halawa Correctional Facility (HCF) is made up of two separate facilities: a special needs facility and a medium security facility. The special needs facility opened in 1962, as the City and County of Honolulu’s Halawa Jail, and transferred to the State of Hawaii in 1977. The special needs facility houses maximum and closed custody inmates, inmates with severe/chronic mental illness who cannot be placed in the general population and inmates who require protective custody. The medium security facility opened in 1987, and is the newest and largest prison facility in the State of Hawaii. The medium security facility houses male sentenced felons.”

Facility Housing

The facility has a combined designed capacity of 586 inmates including 496 in the medium and 90 in the special needs facility. The combined operational capacity is 1124 inmates includes 992 in the medium and 132 in the special needs. The agency provides end of the month population reports going back to 12-31-2014 available on the website. The average daily population for the audit review period was 781 inmates. The population on the first day of the audit was 786 including 682 at the medium facility and 104 at the special needs facility. The agency indicated that the average length of stay is four years.

The medium facility is designed with four housing modules, these modules are divided into an A side and B side. Each Side is divided into quads. The 2 of the quads in each side have 16 cells, the other 2 quads have 15 cells. Each cell has capacity for up to 3 inmates including a top bunk, bottom bunk, and floor bunk. Due to out of state transfers there were no individuals on the floor bunks during the onsite review. The cells are designed as wet cells so toilet facilities are located with the cells. The units provide access to showers within dayrooms, showers provide privacy through the use of curtains that extend to the floor. The showers are smaller in size which creates some mitigation due to the limited visibility. Each housing unit provides access to phones with services provided through GTL, signage near the phones provide a host of contact numbers including direct access to the agency PREA coordinator, the Ombudsman, Sex Abuse Treatment Centers and the American Civil Liberties Union. Cameras within the living units provide coverage for unit and dayroom coverage.

The special needs facility is adjacent to the medium security facility with it’s own perimeter and access/egress. Modules 5, 6, and 7 are located at the special needs facility. Each module provides or individual housing, with two tiers per module. Showers were located at a corner with long shower curtains similar to the modules in the medium facility. Mirrors provided access to blind spots. There were cameras located within the unit, however no cameras facility toilet or shower areas.

Population

Halawa Correctional Facility houses male inmates, Ages 18-83+

The average length of stay at HCF is 48 months.

Racial / ethnic compositions of the inmate population for HCF (FY 2018) were:

Race/ Ethnicity	Percentage
American Indian	0.12 %
Black	5.70 %
Caucasian	22.8 %
Chinese	0.37 %
Filipino	11.65 %
Pacific Islander	0.12 %
Hawaiian	35.44 %
Hispanic	2.73 %

Japanese	3.84 %
Korean	0.99 %
Samoan	5.58 %
Other	3.47 %
Unknown	7.19 %

Security Staffing

The facility employs 413 staff that may have contact with the population. During the preceding 12 months 27 staff were hired.

The Security Staffing Ranks include, Adult Correctional Officers (ACO) ACO-R/ACO III (254), Sergeants (57), Lieutenants (14), and Captains (6), Chief of Security (1) Non-security leadership includes, the Facility Warden and one Assistant Warden

Security Shifts:

- 1st Shift Watch operates from 2200 hours to 0600 hours
- 2nd Shift Watch operates from 0600 hours to 1400 hours
- 3rd Shift Watch operates from 1400 hours to 2200 hours

The agency maintains with agreements two separate bargaining units under American Federation of State, County and Municipal Employees (AFSCME). The United Public Workers (UPW) AFSCME Unit 10 represents security staff. Non-security staff are represented by the Hawaii Government Employees Association (HGEA) AFSCME Local 152, AFL-CIO.

Case Management

The agency addresses case management and risk as noted in the annual report through the Level of Supervision Inventory – Revised (LSI-R) as an assessment tool to assist in identifying the level of risk for re-offending an individual poses. The LSI-R is used along with the Adult Substance Use Survey (ASUS). The combined scores of both instruments determine the appropriate level of treatment service required to effectively address the Risk, Need, and Responsivity (RNR) of the offender. The Risk and Need of an offender is directly related to the dosage, duration and intensity of treatment; Responsivity.” LSI-R is used across the nation to assist in the analysis of the risk for the offender to re-offender, the needs of the offender (Employment, Chemical Dependency Treatment, Social needs, etc.) and the dosage, the right treatment at the right time.

Primary work programs include:

- Physical Plant Maintenance including; carpentry; electrical; painting; plumbing; and general maintenance;
- Facility support including food services, janitorial and recreation.
- Correctional Industries
 - The Sign Shop
 - Print Shop
 - The Laundry

Education

The facility provides for both formal education and self-improvement courses to the population including: Adult Basic Education classes in Reading, Writing, Math and Science, GED Prep program, GED testing, Brain Gym and Independent Studies for the individuals who are interested in college level courses. Construction Math, Food Safety and Sanitation, Forklift Operator Training, Office Worker Application

Self-Development/Self Improvement includes: Toast Masters Club, Try Think, Anger Management, Cognitive Behavioral Therapy (CBT), Lifestyles, Transformations, Financial literacy, Father Read, Parenting, Career Transitions Program, and Job Readiness

Religious Programs and Volunteers

The facility provides opportunity for religious programming for individual and groups noting 233 individual volunteers representing 39 independent programs. The majority of programs provided are from faith based organizations, including many local churches. Additionally the facility host volunteers from Mental Health self-help groups, Narcotics Anonymous, Alcoholics Anonymous, and Yoga.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded:

List of Standards Exceeded:

Standards Met

Number of Standards Met: 45

Standards Not Met

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

List of Standards Not Met:

During the initial onsite and evidence review period two standards were found in need of corrective. 115.41 and 115.67; The facility/agency has provided documentation that evidences completion of corrective action for each of the listed standards. Corrective action is provided in the narratives of both of the identified standards.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Agency Organizational Chart (06/30/2017)
 - c) Security Staffing Plan Standard Review and Exception Request (01/30/2019)
 - d) Facility Post Deployments and Staffing
2. Interviews:
 - a) PREA coordinator
 - b) PREA compliance manager

115.11 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act", section 6.0 (pp. 11-12) states, "PSD has a zero-tolerance policy 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. (115.11 a) A "zero-tolerance" policy means that sexual abuse and sexual harassment in any form is strictly prohibited and all allegations of such conduct will be investigated. Any retaliation against individuals for reporting an incident is also prohibited and will be investigated. This policy is intended to set forth the procedures to implementing and managing a "zero tolerance" policy." The policy provides sanctions for individuals found to have participated in prohibited behavior including administrative discipline. Incidents of a criminal nature are investigated by county law enforcement and subject to criminal prosecution if applicable.

The policy provides direction for the PREA standards and addresses preventing, detecting, and responding to sexual abuse and sexual harassment. During the onsite audit random staff were interviewed and confirmed they received training and understood the agency's zero-tolerance policy and reporting requirements.

115.11 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act", section 7.0 (pg. 12) states, "PSD has designated the Litigation Coordination Office, a branch of the Director's Office, to manage PREA. One of the Litigation Coordination Officer's functions is to fulfil the role of the upper-level staff member designated to serve as the Department's PREA Coordinator. The Department PREA Coordinator shall have sufficient time and authority to develop, implement, and oversee PSD's efforts to comply with the PREA standards in all PSD facilities, lockups, inclusive of monitoring at privately contracted facilities and community correctional centers. The Department PREA Coordinator reports directly to the Director of the Department of Public Safety."

The auditor was provided the agency's positional organization chart (dated June 30, 2017), the chart indicates that the PREA coordinator (Litigations Coordination Office) reports directly to the Director of Public Safety. This position held by Shelley Harrington, Administrative Assistant VI. During the interview with the agency PREA coordinator, when asked "Do you feel that you have enough time to manage all of your PREA---related responsibilities?," She indicated that she did, through the support staff provided to her office as well as the local PREA compliance managers. In follow-up when asking, "How many

facility PREA compliance managers are there throughout your agency?" She indicated that there were 8 in total and she has regular interaction with them.

115.11 (c) Agency Policy ADM.08.08, Prison Rape Elimination Act section 7.0 (pg. 12) requires that, "Each facility shall have a designated facility PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards, which may be part of their related duties. The Department PREA Coordinator will monitor the relevant PREA duties of the Facility PREA Compliance Managers in conjunction with the Warden or Sheriff." At HCF, the PREA Compliance Manager (PCM) duties have been assigned to Lieutenant Galarsa. His position is dedicated to PREA compliance and duties include, PREA related investigations, Retaliation Monitoring, 72 hour and 30 day screening for risk of victimization or abusiveness. Lieutenant Galarsa stated that he was new to the position having only 4 months in the role at the time of our onsite review. During the onsite review the auditor interviewed both Lieutenant Galarsa and the previous PREA compliance manager. When interviewed the current PREA compliance manager indicated that he was new to the position and prioritized his functions.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.11.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Contract No. PSD 16-ID/MB-32 (07/01/2016) and amendments.
 - c) CoreCivic PREA Report 2018
 - d) Sagauro 2017 PREA Audit Report
2. Interviews:
 - a) Agency Contract Administrator

115.12(a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" states, "PSD mandates that any new contracts or contract renewals with private agencies or other entities for the confinement of PSD's offenders shall include language that the private entity is required to adopt and comply with PREA, specifically the finalized PREA Standards. The agency indicated that it currently maintains one contract for the confinement of inmates. This contract is with Corrections Corporation of America (now CoreCivic) for the confinement of inmates. The auditor was provided with a copy of the contract, identified as Contract No. PSD 16-ID/MB-32. This contract was in effect from 07/01/2016 through 06/30/2019. Supplemental contract No. 3 was signed 06/28/2019, amending the time frames of performance through 07/31/2020.

Pg. 11 of attachment S1 states, "The PROVIDER shall be in full compliance with the Prison Rape Elimination Act (PREA). Failure to maintain full compliance with PREA as demonstrated through facility-specific PREA compliance audit shall constitute an event of default on the part of the PROVIDER."

PSD has maintained a contract with the US Department of Justice Bureau of Prisons to house PSD offenders in the Federal Detention Center Honolulu facility since 2001. The agency notes that there have been no contract updates since 2009, (prior to August 2012). Auditor reviewed the most current PREA report dated 04/23/2018 at the public website noting that noted the report indicated that FDC is compliant with all standards. A link to the full report is provided below.

https://www.bop.gov/locations/institutions/hon/HON_prea.pdf

115.12 (b) Attachment S1 pg. 25, provides monitoring in that, "The STATE shall have the right to inspect, at all reasonable times, the facility or institution of the Provider in which inmates are confined pursuant to this Contract in order to determine whether the terms of this Contract are being followed..." Paragraph 5 of this section provides additional monitoring in that, "The STATE shall have the right to inspect, at all reasonable times, all records of, or associated with, inmates or any charges, billings, demands, and payments under this Contract, including, but not limited to any institutional, medical, dental, psychiatric, financial, educations,, or other operational records."

During the onsite review the agency contracts administrator was asked, “How do you monitor new and renewed contracts for confinement services to determine if the contractor complies with required PREA practices?” He noted that language allowing for monitoring is provided in the contracts, in addition agency staff will go to the mainland and inspect. He further confirmed that compliances results were verified and CoreCivic provides copies of their final audit report to PSD. The auditor reviewed both the CoreCivic website and reviewed both the 2018 PREA Report <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> and the facility report for Sagauro. <https://www.corecivic.com/hubfs/files/PREA/Facilities/2017-Sagauro-PREA-Report.pdf>

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.12

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Facility staffing plan (07/26/2019)
 - c) Facility staffing plan (09/13/2018)
2. Interviews:
 - a) Warden
 - b) PREA coordinator
 - c) PREA compliance manager
 - c) Intermediate or Higher level facility staff.

115.13(a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 9.1 (pp. 12-13) states, "The Department PREA Coordinator in conjunction with the Institutions Division Administrator (IDA) shall ensure that each facility developed, documents, and makes its best efforts to comply on a regular basis with a written staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse." The auditor noted that the policy language provides the 11 elements of the provision including: "Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors."

The plan notes that the facility is a level III facility which houses "all classification inmates ranging from community status to maximum custody level" In addressing staffing levels the facility reviews existing security post and work plan number of vacancies as well as the number of cameras to augment the supervision needs. The agency notes that the staffing plan uses a unit management system developed by the Federal Bureau of Prisons. The plan notes no findings of inadequacy. The local bargaining agreement defines essential post as "The minimum post required to secure, house, clothe, and feed the inmates of the facility and provide safety for the employees, inmates and public." The facility notes it has never operated below the minimum level as described in the contract.

The staffing plan describes facility supervision placement as well as staffing levels. The racial/ethnic composition is provided, as well as programs on particular shifts. The prevalence of substantiated and unsubstantiated incidents of sexual abuse are also considered.

115.13(b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 9.2 states, "In circumstances where the facility's written staffing plan is not complied with, the facility shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) and justify all deviations from the plan." It further notes that, "This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."

The facility indicated that there were no deviations to the staffing plan during the audit period. If a deviation were to occur, it is required to be documented on the PREA mandated reporting form. PSD 8317. This sample form was provided to the auditors and is used for mandated reporting for deviation from the facility staffing plan; incidents of cross-gender strip or body cavity search by non-medical staff, incidents of cross-gender pat search of a female offender; notice to the victim offender of the results of a completed investigation and other required reports. The form requires a description or circumstances for the mandated reporting with review by the facility PREA compliance manager, the staff member completing the form, the warden, and inmates (where applicable). Distribution includes the PSD PREA coordinator, facility PREA manager and warden. The warden confirmed that there had been no deviations as well as an understanding of the reporting requirements, should a deviation occur.

115.13(c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 9.3 (pg. 13) requires, "The Warden shall review the facility's written staffing plan annually in the month of July at the start of the fiscal year, and submit his/her assessment to the Department PREA Coordinator via email, fax, or mail by the end of the month. The Department PREA Coordinator will schedule a formal meeting to review the written staffing plan which shall consist of assessing, determining, and documenting whether adjustments are needed to: (a) The written staffing plan...; (b) The facility's deployment of video monitoring systems and other monitoring technologies; and (c) The resources the facility has available to ensure adherence to the staffing plan."

The Auditor was provided with the Staffing Plan dated 9/13/2018, which included an analysis of the requirements to meet PREA standard 115.13, the review each of the 11 elements of 115.13 (a) to assess, determine and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems, and resources to ensure adherence to the plan. During the interview with the agency PREA coordinator she confirmed her role in consultation for the plan.

115.13(d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 9.0.4 (pg. 14) requires that, "The Warden shall ensure that lieutenants, captains, and correctional supervisors conduct and document unannounced walk-through 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 in the Supervisor's watch summary." The policy also requires that, "PSD staff is prohibited from alerting other staff members of the above unannounced walk-throughs by supervisors, unless such an announcement is related to the legitimate operational functions of the facility."

Unannounced rounds are documented in the unit or area logbooks. The facility provided documentation of these rounds upon request of the auditor. The auditor reviewed log books and found evidence of supervisors making visits to the various areas of the facility. As part of the review for this provision and the determination of intermediate supervisors, the auditor reviewed the facility organizational chart noting that security ranks included correctional officer, sergeant, lieutenant, and captain. Based on the rank structure, organizational charts and policy indicators the auditor determined that lieutenant and above would be required for this provision. The initial proof documents were inconsistent with checks by supervisors. The auditor provided additional criteria including locations and timeframes and received appropriate documentation to evidence the unannounced walkthroughs by supervisors of the rank of lieutenant and above for varied times and shifts. Informal interviews with both inmates and staff consistently noted the presence of lieutenants within the housing units.

Interviews conducted with intermediate and higher-level facility staff with the ranks of captain and lieutenant supported that unannounced rounds are conducted in all areas of the facility in compliance with agency policy and the provision of the standard. When the auditor interviewed supervisors, they confirmed that they alternate routes and complete random visits to areas of the facility during all shifts at varied hours. Supervisors indicated that they had also provided direction to control rooms not to provide advance notice to areas that they were conducting rounds.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.13

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Prison Warden
 - b) PREA Coordinator
3. Site Review Observations:
 - a) Informal interviews during site review

115.14(a-c) The facility asserts that it does not house youthful inmates, identified as those individuals under 18 years of age. Agency Policy ADM.08.08, "Prison Rape Elimination Act", section 10.0.1 (pg. 14) states, "According to HRS §706-667, the Court has the authority to commit a young adult defendant, who is sentenced to a term of imprisonment exceeding a period of thirty (30) days to PSD. The statute defines a young adult defendant as a person convicted of a crime, who at the time of the offense is eighteen (18) and less than twenty-two (22) years of age and who has not been previously convicted of a felony as an adult or adjudicated as a juvenile for an offense that would have constituted a felony had the young adult defendant been an adult. The definition of an adult is a person eighteen (18) years or older (HRS §571-23)."

The facility reports that in the last 12 months it has not housed youthful inmates.

Interviews with the facility warden, agency PREA coordinator and facility PREA compliance manager also confirmed that Halawa Correctional Facility does not house youthful inmates and in compliance with this standard. During the onsite review the auditor reviewed facility rosters and noted no indicators of individuals under the age of 18 being housed at the Halawa Correctional Facility.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) PREA Training curriculum
 - c) Staff files
 - d) Training
2. Interviews:
 - a) Random Staff
 - b) Random Inmates
 - c) Transgender Inmates
3. Site Review Observations:
 - a) Observations of showers and toilet area
 - b) Cameras and monitoring locations

115.15 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 11.1 (pg. 15) requires, "PSD staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening), except in exigent circumstances, or when performed by medical practitioners."

The facility reported in the PAQ that there were no instances of cross gender strip searches or cross-gender visual body cavity searches during the previous 12 months. During the selection of staff for the interview protocols “Non-Medical staff involved in cross gender strip or visual searches.” The facility stated there had been no instances of staff doing cross gender strip searches/visual searches. The auditor added the question, “What urgent circumstances would require cross--gender strip searches and visual body cavity searches?” to three of the random staff interviews. The staff members responding to this question indicated that it would have to be some type of life threatening emergency for this to happen. The agency indicates that incidents of this nature would be documented on form PSD 8317, and noted that there were no incidents of this nature.

115.15 (b) Halawa Correctional Facility does not house female inmates, this was confirmed by the auditor through a review of the inmate rosters and observations throughout the on-site review. The agency does address this provision of the standard. Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 11.2 requires, “PSD staff shall not conduct cross-gender pat-down searches of female offenders, absent exigent circumstances.”

115.15 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 11.1.a requires, “An incident of cross-gender strip searches and cross-gender visual body cavity searches shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.” This policy requirement provides for documentation and notification to the agency PREA coordinator to report incidents of this nature.

As noted in provision (c) Halawa Correctional Facility does not house female inmates, Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 11.2.a does provide that, “All cross-gender pat-down searches of female offenders shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.”

115.15 (d) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” sections 11.4 (pp. 15–16) states, “An offender shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks. The facility staff shall document any exigent circumstances by utilizing the PREA Mandated Reporting Form (PSD 8317) any exigent incident. This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.”

Agency Policy ADM.08.08, “Prison Rape Elimination Act,” sections 11.5 (pg.16) provides the requirement that, “Staff of the opposite gender are required to “knock and announce” their presence when entering an offender housing unit and ensure that this notice is logged in the Informer or Log Book. For example, a male staff member entering a female housing unit must “knock and announce” his presence via an intercom or a verbal broadcast by stating “male in the housing unit, ensure that you are properly dressed.”

During the site review, the auditor observed the regular announcements of the presence of female staff. The auditor also conducted informal interviews with the population asking if female staff routinely announce their presence on the unit, the inmates noted it was regularly announced. During formal interviews with random staff, the staff members confirmed that these announcements are made by the

booth officers prior to the entry of female staff. During formal interviews with 39 inmates, when asked if the female staff announced their presence, only one said no, one stated sometimes, and a third inmate indicated that they had not seen female staff in the living unit. 36 out of 39 inmates confirmed the notifications were made.

As part of the onsite review the auditor walked through each living unit observing showers, toilet areas, inmate cells, cameras, monitoring locations, windows, and mirrors. The auditor noted that camera coverage did not provide visibilities for sleeping areas, toilets and showers. This was verified by the auditor during a review of monitors in the control rooms. Showers in the units provided coverage through the use of curtains, the auditor noted that the curtains went all the way to the bottom of the shower providing concealment of potential problem areas; however, noting the narrow size of the showers and the design, removing portions of the shower create too much visibility and safety risks for slipping near the shower vicinity.

The segregation units were divided in to smaller pods that provide additional privacy for each area. At each doorway there is signage reminding opposite gender staff to announce their presence. Due to the double entry, toilets and sleeping areas are not directly visible to staff outside of the pod. Camera coverage provides no directly line into the cells or the shower areas.

115.15 (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 12.1 states, "PSD Non-medical staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status." Section 12.2 provides the additional language from the provision in that, "If the offender's genital status is unknown, it may be determined from conversations with the offender, by reviewing medical records, or, if necessary, by learning this information as part of a medical examination conducted by a medical practitioner."

A review of the Training curriculum provided to staff includes this information under the heading of "Key Provisions of PREA," this training provides language directly from the policy, using language from the standard. Interviews with random staff confirmed the general knowledge and understanding about this policy prohibition. The agency reported there was no documentation regarding these searches, because there had been no searches of transgender or intersex offenders for this purpose. The facility reported that they had 3 transgender inmates in the population. During interviews with the inmates who identified as transgender, they indicated that they had not been searched for this purpose.

115.15 (f) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 12.3 requires that, "PSD staff are to ensure that cross-gender pat-down searches and searches of transgender and intersex offenders are conducted in a professional, respectful, and in the least intrusive manner, while ensuring security and operational needs for the good government and orderly running of the facility." Additionally, section 12.4 provides, "The professional and respectful pat-down search of a transgender and intersex offender may be achieved by using the back of your hand instead of the front of your hand."

The auditor reviewed the training curriculum with the required elements, including but not limited to the prohibition of "dual" searches where the staff of one gender searches the top half of the inmate and staff of the other gender searches the bottom half of the inmate; Remain standing behind the inmate to search the chest area, use the back of your hand and slide across the top of inmate's chest; Do not pat or rub the chest area; Using the blade of the hand to sweep across the side and bottom of the inmate's chest; and providing direction to the inmate to "Clasp your bra with your fingers and pull the bra away from your body and shake the bra. Release the bra and please place your arms out again with palms

facing upward so I can continue the search." During interviews with random staff, each indicated that they had received this training.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.15.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Limited English Proficiency Plan
 - c) Training Curriculum
2. Interviews:
 - a) Agency Director
 - b) Random Staff
 - c) Inmates with disabilities
 - d) Inmates who are Limited English Proficient
3. Site Review Observations:
 - a) Postings within Living Units and common areas.

115.16 (a-b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section, 13.1 provides 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 policy provides language directly from the standard. The agency provides information through posters and pamphlets in various languages including English, Tagalog, Ilocano, and Samoan.

The Hawaii Department of Public Safety has an established and comprehensive Limited English Plan for services that may include, but are not limited to PREA. This plan was provided as part of the documentation to the auditor. The published Plan is effective from (09/01/2017 – 10/31/2019), the LEP plan coordinator is required to review this plan every two years for appropriateness and make recommendations for revisions.

This plan details steps to be taken to ensure LEP inmates are able to gain meaningful access to PSD's services and programs. And states, "...Department of Public Safety (PSD) seeks to implement the initiatives set forth in this Limited English Proficiency ("LEP") Plan to meet its obligation under Title VI. The purpose of this LEP Plan is to take reasonable steps to ensure persons with limited English proficiency gain meaningful access to PSD's services and programs. The plan defines LEP as individuals "who do not speak English as their primary language and who have a limited ability to read, write speak or understand English. Such persons may be eligible to receive language assistance with respect to a particular service, benefit, or encounter that PSD provides."

PSD's LEP Plan is comprised of six (6) components: "Departmental reporting tool designed to obtain key information about the LEP population serviced by PSD; Compilation of multi-lingual listing of PSD staff volunteers; Notice of interpretation/translation services for qualified LEP persons; Provision of interpretation/translation services for qualified LEP persons; The role of the LEP Plan Coordinator; and Training of PSD staff on the LEP plan." The plan requires that, "The LEP Coordinator will continue to provide regularly scheduled training for the PSD staff. The primary purpose of the training is to impart the necessary background and understanding to implement the objectives of the LEP Plan. The training will include the LEP Plan, the department's policy and procedure, the application of the developed information and statistical forms, the reporting requirements of the staff to the LEP Coordinator."

During the onsite review the auditor observed signage advising the population of the availability to access these interpreter services, the postings were near the immediate vicinity of the unit phones.

In documents provided to the auditor dated 08/20/2013, Pacific Interpreters, a Language Line service provider, is the contracted interpreter service for PSD.

Interviews with inmates with disabilities or who have limited English proficiency were interviewed as part of the process. When asked, "Does the facility provide information about sexual abuse and sexual harassment that you are able to understand?" Both Cognitive and Limited English Proficient inmates stated they were provided PREA information in a way they understood

During the interview with the agency director the auditor asked, "Has the agency established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment?" The director was able to confirm that the agency has established procedures accordingly.

115.16 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 13.2 (pg. 16) states that, "The use of offender interpreters, or other types of offender assistance is prohibited, except in limited exigent circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety." The auditor noted that the language comes directly from the standard. Section 13.3 further provides, "In the limited circumstances where offender interpreters, or other types of offender assistance are utilized, it shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days." Interviews with random staff indicated that the majority of staff understood the prohibition on using offender interpreters; however, four staff out of 17 were unsure of the prohibition. The facility documented specific training in regards to this policy and standard language. The facility reported that there had been no instances of this occurring in the past 12 months

It is recommended that the facility provide reminders to staff about the policy requirements specific to the prohibition of the use of inmate interpreters.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Employee files including applications and background checks
 - c) Volunteer and contractor background checks
 - d) PSD application packet

- e) PREA self-disclosure form (PSD 8318),
- f) Consent and Notification for Fingerprint

2. Interviews:

- a) Human Resources
- b) PREA Coordinator

115.17 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 14.1 (pg. 17) states, "PSD prohibits the hiring or promoting of anyone, who may have contact with offenders, and shall not utilize the services of any contractor or volunteer, who may have contact with offender, if that person: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution owned, operated, or managed by the state as defined by 42 U.S.C. 1997, for example the Hawaii State Hospital or other state skilled nursing, intermediate, long-term care, custodial, or residential care institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threat of force, or coercion, or if the victim did not consent or was unable to consent or refuse; Has been civilly or administratively adjudicated to have engaged in the activity described in the paragraphs above." The auditor noted that the policy language is in line with the standard. This information is provided on form DRD PHQ "Applicant's Personal History Questionnaire." The applicant is required to indicate affirmatively that they have not engaged in these behaviors.

The facility reported that 27 staff who have contact with inmates were hired during the previous 12 months, as part of the documentation review the auditor requested 29 sample files for staff members including ten files for individuals hired or promoted in the past 24 months. The files selected by the auditor indicated the appropriate background checks were completed.

115.17 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 14.2 (pg. 17) states, "PSD shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to utilize the services of any contractor or volunteer, who may have contact with offenders." Human resources staff were interviewed as part of the process, when asked, "Does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?" The human resources staff confirmed that these types of incidents would definitely be considered.

115.17 (c-d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 14.3 (pg.17) states, "Before new employees, contractors or volunteers, who may have contact with offenders are hired, PSD shall; Perform criminal background records checks, consistent with federal, state, and local law; and Utilize a "best effort" to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation, due to a pending investigation of an allegation of sexual abuse." The facility reported that 27 staff who have contact with inmates were hired during the previous 12 months, as part of the documentation review the auditor selected ten files for individuals hired or promoted in the past 24 months. The files selected by the auditor indicated the appropriate background checks were completed.

As part of the file reviews the auditor reviewed the background investigation report including, fingerprint clearance, (previous) employer questionnaire and completed background checks. Background checks include NCIC, CJIS-Hawaii, Driver's License and court information.

The agency stated criminal background record check must be completed before enlisting the services of any contractor who may have contact with inmates. The agency indicated that 157 background checks were completed during the past 12 months. The auditor reviewed eight volunteer and contractor files indicating compliance with these checks.

115.17 (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 14.4 (pg. 17) states, "PSD shall conduct criminal background records checks at least every five years for current employees, contractors, and volunteers, who may have contact with offenders: PSD's Personnel's Office is responsible for ensuring compliance with the five year cycle of background checks for employees; It is noted that PSD does conduct Lautenberg type of background checks on those employment positions that are required to carry a firearm."

HR staff confirmed that background checks are completed annually for uniformed staff and all other employees have a background check is completed every five years. The auditor reviewed files for staff who have been employed longer than five years and found the checks to be compliant.

115.17 (f) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 14.6 states, "All PSD staff has an affirmative duty to immediately disclose any such misconduct covered by sections .1 and .2 by immediately reporting the incident through their chain of command." Human Resource staff confirmed that staff have this requirement per policy. The application process provides the additional requirement that, "Pursuant to Hawaii Revised Statutes (HRS) §353C-5 and §710, and Hawaii Administrative Rules (HAR) §23-10 and §14-3, the State of Hawaii and/or Dept of Public Safety are required to ensure the reputable and responsible character of staff members or employees, which shall include ongoing suitability assessments, periodic criminal history checks and such other investigation as the department deems necessary."

115.17 (g) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 14.7 (pg. 18), "Any PSD staff, who materially omits reporting such misconduct or provides materially false information shall be subject to discipline based on the just and proper cause standard, up to and including discharge. Staff are required to sign the certification of applicant, "I hereby certify that all statements I made on this form and any attachments are true and correct to the best of my knowledge. I agree and understand that if I fail to provide any facts requested in this form, or if I falsify or misstate any material facts on this form, HGEA position: I may be terminated from and/or may be giving up all rights to employment with the State of Hawaii."

115.17 (h) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 14.8 and .9 (pg. 18) requires that, "PSD shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee, upon receiving a request from an institutional employer conducting a background check on the employee, preferably with a signed consent to release information form. If the Department Personnel Officer receives such a request from an institutional employer, the request will be forwarded to the Department PREA Coordinator for review and drafting a response." Human resources staff were asked, "When a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by

law?" The human resources staff confirmed they would work with the PREA coordinators office to provide the requested information.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.17

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Agency Director
 - b) Warden
 - c) PREA Coordinator
3. Site Review Observations:
 - a) Camera Locations
 - b) Camera Monitoring locations

115.18 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 15.1 (pg. 18) states that, "When designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, PSD shall consider the impact that the design, acquisition, expansion, or modification will have on PSD's ability to protect offenders from sexual abuse." The agency PREA coordinator noted that PSD had not acquired any new facilities or substantially modified or expanded any existing facilities since the previous PREA audit at HCF in October 2016.

During the onsite review both the agency director and the warden were asked, "How has the facility considered the effect of the expansion or modification upon the facility's ability to protect inmates from sexual abuse?" The warden noted that there had been no expansions, and confirmed the agency would follow the policy (which incorporates the standard). The agency director noted that staff in capital improvements have specific instructions to consider American Disabilities Act requirements and PREA requirements. Modifications or expansions would involve the facility staff and agency PREA coordinator in an effort to exceed standards.

115.18 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 15.1 (pg. 18) states, "When installing or updating a video monitoring system, electronic surveillance system, close circuit television (CCTV), or other monitoring technology, PSD shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse. (115.18 b)"

The auditor did not receive schematics with camera locations, during the onsite review the auditors observed the camera locations within the living units, hallways and at access/egress points.

It was noted that the facility last received funding in 2012 for an upgrade to the existing camera system. The warden noted all placement and design was prior to the last PREA audit with consideration given to offender safety and facility safety. Future upgrades would also consider the safety of the population. When asked, "How does the agency use monitoring technology (either newly installed or updated) to enhance the protection of inmates from incidents of sexual abuse?" The agency director confirmed that they look for ways to make the inmates safer, including learning from past incidents to help prevent new incidents.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.18

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Administrative Investigation training power point
 - c) Contract #18-HAS-01 SATC services

2. Interviews:
 - a) PREA compliance manager
 - b) Agency Investigators
 - c) SAFE/SANE Staff (SATC)

115.21 (a-b) The agency reports that PSD only conducts administrative investigations. Criminal investigations for Halawa Correctional Facility are conducted by Honolulu Police Department. Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 16.3 states, "PSD utilizes departmental evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and preserves the crime scene for criminal investigations and prosecution."

The agency provided training information via a PowerPoint presentation titled, "Administrative Investigation" developed by PSD Internal Affairs. The presentation discusses how to conduct an administrative investigation, crime scene maintenance and preservation, and processing evidence. 17 Random staff were interviewed. Security staff were asked, "Do you know and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse?" The interviewed staff members confirmed that they had received training and understood their role in crime scene preservation.

115.21 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 16.3 states "The Health Care Division staff shall determine, based on evidentiary or medical needs, whether a victim of sexual abuse will be transported for a forensic medical examination at the Sex Abuse Treatment Center ("SATC") or at a hospital emergency unit. This shall be at no financial cost to the victim. (115.21 c/d) In facilities without twenty-four (24) hour medical, then the on call physician shall be contacted." Section .5 provides that, "The use of Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) are utilized at the SATC. On the outer islands, a comparable program is utilized." The facility reported that there were no forensic exams conducted in the past 12 months.

The agency reported that forensic exams are conducted at Kapiolania Medical Center for Women & Children (emergency / SATC). Facility medical staff also noted that forensic exams are not completed at the facility, victims are sent Kapiolania Medical Center for forensic examinations. The auditor spoke with staff at the Kapiolania Medical Center, who verified that they call in a SAFE/SANE nurse from the Sex Abuse Treatment Center (SATC) to conduct forensic examinations and provide services to Halawa Correctional Facility. The auditor spoke with Kapiolania staff who also confirmed that they provide SAFE/SANE services for Halawa Correctional Facility.

115.21 (d-e) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 16.8 (pg. 19) states that, “At the request and approval of the victim, a victim advocate from the SATC or SATC contracted provider on the outer islands shall be provided to support the victim through the forensic medical examination process and the investigatory interview. The purpose of a victim advocate is to provide emotional support, crisis intervention, information, and referrals.” During the interview process the PREA compliance manager confirmed that the agency provides a victim advocate to victims of abuse and noted the contract with SATC.

The scope of services from the Sex Abuse Treatment Center state, “Crisis intervention services need to be available 24 hours a day, 365 days a year. A 24-hour hotline will provide the sexual assault victim and the community, immediate access to care both over the phone and in-person. In addition to crisis counseling, victims often require medical-legal care and assistance with reporting options. A Sexual Assault Response Team (SART), should be on call around the clock and staffed with personnel specially trained to provide crisis support services to victims. Such services include crisis stabilization and counseling, legal systems advocacy to inform the victim of legal rights and options, an acute forensic examination to provide the victim the necessary medical assessment and treatment, and the collection and preservation of forensic evidence if the victim decides to take criminal action.” Pg. 8 of the scope of services provides that, “Prior to ending the medical-legal contact, the program worker will discuss follow-up care and provide information about ongoing counseling services available.”

115.21 (f) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 16.9 (pg. 19) states, “PSD shall ensure that internal investigations comply with the above requirements and external investigative entities (County LE) have procedures in place to comply with the above requirement.” PSD has a written request to the Chief of the Honolulu Police Department to follow the requirements of paragraphs §115.21 (a) through 115.21 (e).

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.21

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Agency Director
 - b) Investigative staff

115.22 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 17.1 (pp. 19-20) states, "PSD ensures that an internal administrative investigation and an external referral for criminal

investigation are completed for all allegations of sexual abuse and sexual harassment with the limitation that any criminal referral for sexual harassment must meet a criminal standard.” The policy provides the primary elements in the standard noting that all allegations are investigated. Section .2 states, “All external referrals for a criminal investigation shall be processed through a county LE agency, such as Honolulu Police Department, Maui Police Department, Kauai Police Department, and Hawaii Police Department.” The facility reports that 21 allegations of sexual abuse and sexual harassment were received and 21 allegations were investigated. During the onsite review the agency director was interviewed and confirmed that all allegations of sexual abuse and sexual harassment were investigated. As follow-up he confirmed that administrative investigations were completed by the agency, while criminal allegations are investigated by Honolulu PD.

115.22 (b) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 17.4 (pg. 20) states, “If an allegation of sexual abuse or sexual harassment involves potentially criminal behavior, then the allegation shall be immediately referred to a county LE agency.” Section 17.5 requires, “PSD Internal Affairs Office (“IA”) shall be immediately notified of any allegation of sexual abuse or potentially serious incident of sexual harassment. The administrative investigation may be completed by IA or at the facility level pursuant to an order of the Director or his/her designee.” This process was confirmed when interviewing both facility and agency investigative staff. Section 17.5 requires the agency to publish the noted policy. The auditor reviewed the agency website and noted the policy was located at: <http://dps.hawaii.gov/policies-and-procedures/pp-adm/>

115.22 (c) The policy published in provision (b) of this standard provides the responsibilities of the PSD related throughout the document including responsibility for administrative investigations and notes that criminal investigations are reported to Honolulu Police Department for investigations. Section 17.7 notes that, “County LE may have their own policy governing how criminal investigations of sexual abuse are conducted. PSD does not manage criminal investigations for sexual abuse or criminal sexual harassment.” Criminal investigations are provided additional guidance in section 41.11 (pg. 40) which states, “The procedures for criminal investigations conducted by county LE shall be dictated by their policies. In practice, the county LE’s procedures do require a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The county LE shall refer substantiated allegations of conduct based on their investigative process that appears to be criminal for prosecution.”

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.22

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Training Power Point
2. Interviews:
 - a) Agency Director
 - b) Warden
 - c) PREA Coordinator
 - d) Random Staff

115.31 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 18.0.1 (pg.s 20 – 21) states, "PSD provides a comprehensive training module for all staff emphasizing PSD's zero-tolerance policy and the importance of preventing sexual abuse / sexual assault and sexual harassment toward offenders. PSD educates staff about the serious impact of offender sexual victimization within a correctional setting. All PSD staff who may have contact with offenders trained on (a) PSD's zero-tolerance policy for offender sexual and sexual harassment; (b) How to fulfill their responsibility under PSD's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (c) Offenders' rights to be free from sexual abuse and sexual harassment; (d) The right of offenders and staff to be free from retaliation for reporting sexual abuse and sexual harassment; (e) The dynamics of sexual abuse and sexual harassment in confinement; (f) The common reactions of victims of sexual abuse and sexual harassment; (g) How to detect and respond to signs of threatened and actual sexual abuse; (h) How to avoid inappropriate relationships with offenders based on staff over familiarity and fraternization; (i) How to communicate effectively and professionally with offenders,

including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and (j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”

The agency provided the auditor with the training given to staff, during the review of the agency training the auditor noted that elements of the standard 115.31 are included in the PowerPoint training as noted below:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates’ right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interviews were completed with 17 random staff, all indicated that they recalled receiving this training.

115.31 (b) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 18.0.2 (pg. 21) states, “PSD’s staff training is tailored to address all genders of offenders in a correctional facility; therefore, additional training is not required when a staff member transfers to a different gender facility.” The auditor reviewed the training format as indicated in provision (a), through this review the auditor verified that the training provided to PSD staff addresses issues regarding both male and female inmates, as such staff transferring between facilities that house different genders have already received the necessary training.

115.31 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 18.3, and 18.7 (pp. 21 - 22) state that, “The Warden, PSD Administrators, or Sheriff shall ensure that all current staff have received PREA training. The Warden or Sheriff shall notify the Department’s Training and Staff Development Office (TSD) and the PREA Coordinator of any individual who requires training.” Section 18.6 continues with, “The Warden, Sheriff, or TSO staff shall provide each staff member with a refresher PREA training every two (2) years to ensure that the staff member is aware of PSD’s PREA policy related to offender sexual abuse, offender sexual harassment, and any retaliation for reporting or assisting in an investigation.” Section 18.7 provides the final element of this provision in that, “In years when the staff member does not receive the refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies through the PSD website, handouts, posters, memorandums etc.”

During a review of staff training logs the auditor observed that there was only documentation for approximate 80% of the total staff completing updated training in the preceding 24 month period. The facility has initiated a corrective action plan to ensure that all available staff receive training during the corrective action period.

115.31 (d) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 18.0.4 and .5 (pg. 21) state, “PSD training sign-in sheets are verification that the staff member received and understood the PREA training. The sign-in sheet shall include the following statement, ‘By signing this attendance

sheet you acknowledge receipt of PREA Training and that you understood the PREA Training materials.' The sign-in sheet documentation substantiates that the staff member has completed the required training and his/her completion shall be entered on the staff member's record with TSD." The auditor reviewed staff files with documents that indicate the completion of training and that staff understood the training that was provided to them.

Through the review of the documentation the auditor noted that the compliance rate for staff training was around 81% for all available staff (excludes staff not available due to extended leave (workers comp, medical or who have been detached). The facility has initiated corrective action and is in the process of providing the required training to staff to reach compliance.

Prior to the completion of the interim report on 11/08/2019 the agency submitted documentation indicating that training is still in progress, however excluding those on extended leave there are only 3 employees out of 437 that have not completed the updated training. Bring them to 99.4% compliance with the training requirements.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.31

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Volunteer and Contractor Training Files
 - c) Volunteer and Contractor Training Curriculum
2. Interviews:
 - a) Agency Director
 - b) Warden
 - c) PREA Coordinator
 - d) Volunteers
 - e) Contractors

115.32 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 19.1 (pg. 22) states, "All volunteers and contractors, who have contact with offenders shall be trained on PREA, PSD's policy, and their responsibilities regarding the prevention, detection, and how to respond to a report of offender sexual abuse and sexual harassment."

During the onsite review both volunteers and contractors were interviewed as part of the process. They were asked if they receive training in regards to their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response; agency policy and procedure. Both contractors and volunteers confirmed that they had received training on preventing, detecting, reporting, investigating, and responding to sexual misconduct against offenders, as well as information on red flag behaviors. A review of volunteer and contractor files by the auditor supports this assertion. The auditor reviewed the training provided to volunteers and contractors and confirmed that it provided information on preventing, detecting, reporting, investigating, and responding to sexual misconduct against offenders, as well as information on red flag behaviors. The facility documented training provided to contractors and volunteers as well as their signed statements of understanding the information that was provided.

115.32 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 19.2 (pg. 22) states, "The level and type of training provided to volunteers and contractors shall be tailored to the level of contact and services provided to offenders." Subsection 19.2.a provides that, "All current volunteers and contractors have been notified of PSD's zero-tolerance policy regarding offender sexual abuse and

sexual harassment, as well as how to report such incidents.” All volunteers sign form PSD 8117 “Prison Rape Elimination Act (PREA)” which provides some main points for the volunteers. The form discusses professional distance and boundaries; state and federal law regarding no such thing as consensual sex between inmates and staff; mandatory reporting immediately; no time limitations “even if it was 30 years ago”; all reports including anonymous reports must be immediately reported; criteria of “if you knew or should have known”; Zero tolerance for harassment, abuse, threats; and provides potential consequences for failure to report.

Volunteers also attend a class provided by VolinCor training which includes:

- Its zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Inmates’ right to be free from sexual abuse and sexual harassment;
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.32 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 19.2.b (pg. 22) states, “PSD maintains documentation confirming that volunteers and contractors received an appropriate level of training and that they understood the information provided. A copy shall be maintained with the PSD Volunteer Coordinator and is available to the PSD PREA Coordinator upon request.” The auditor reviewed sample documentation for both volunteers and contractors indicating receipt of training and understanding of the training that was provided.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.32

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) PREA; What you need to know
 - c) Brochure: An informational guide for offenders: Offender Sexual Abuse and Sexual Harassment (09/29/2014)
 - d) PREA Posters

2. Interviews:
 - a) Intake Staff
 - b) Random Sample of Inmates
 - c) PREA compliance manager

115.33 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 20.1 (pg. 22) states, "Offenders shall receive verbal and written information at the time of intake by Intake Service Center (ISC) staff about PSD's zero tolerance policy and how to report incidents or suspected incidents of sexual abuse or sexual harassment." The facility indicates that during the past 12 months, 1238 were admitted and all inmates received the PREA education. Through observations of the process it was noted that the video is provided to the incoming inmates upon arrival, this was verified during interviews. Random inmates were asked, "When you first came here, did you get information about the facility's rules against sexual abuse and harassment?" 39 out of 39 interviews indicated, "Yes." Interviews with intake staff also confirmed that inmates received the zero tolerance information when they first arrived. In the intake area, the auditor observed posters which provided the zero tolerance statements for the incoming population.

115.33 (b-c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 20.2 (pp. 22 - 23) states, "Within thirty (30) days of intake, PSD Facility shall provide comprehensive PREA education via video (PRC video) or classroom instruction to offenders that addresses (a) Prevention and intervention; (b) Self-protection; (c) Reporting sexual abuse, sexual harassment, and protection from retaliation, including information on the options to report the incident to a designated staff member other than an immediate point-of-contact line officer; (d) Treatment and counseling; (e) PSD's zero tolerance for sexual abuse/sexual assault, sexual harassment, and retaliation." Agency Policy ADM.08.08, "Prison

Rape Elimination Act,” section 20.3 (pg. 23) states, “Effective August 2013, all current offenders should have received information on PREA. PSD requires that offenders who are transferred from one facility to another be re-educated only to the extent that the policies and procedures of the new facility differ from those of the previous facility.”

The facility staff reported that all inmates who come to HCF get the orientation video upon arrival regardless of the anticipated length of stay. The vast majority of random inmate interviews indicated they received this information. During interviews with Intake staff, they stated that the video was provided the first day with informational brochures. The PAQ indicates that all inmates had received the training.

HCF used the video titled “PREA: What You Need to Know.” The video is jointly produced by the PREA Resource Center and Just Detention International and provides all the required elements of 115.33. The video is provided in English with a closed caption for individuals who are deaf or hard of hearing.

115.33 (d) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 20.4 (pg. 23) states, “It is PSD’s policy to make appropriate provisions, as necessary, for offenders with limited English proficiency through CRCO’s identification of authorized interpreters.” Section 20.5 further provides that “Accommodations for offenders with disabilities (including offenders who are deaf or hard of hearing, those who are blind or who have low vision, or those who have intellectual, psychiatric, or speech disabilities) and offenders with low literacy levels shall be made on the facility level.”

The Hawaii Department of Public Safety has an established and comprehensive Limited English Plan for services that may include, but are not limited to PREA. This plan was provided as part of the documentation to the auditor. The published Plan is effective from (09/01/2017 – 10/31/2019), the LEP plan coordinator is required to review this plan every two years for appropriateness and make recommendations for revisions. Section 20.6 provides that, “ISC staff shall document by utilizing the PREA Mandated Reporting Form (PSD 8317), if an inmate requires accommodation and this form shall be forwarded to the Facility PREA Manager and Department PREA Coordinator via email fax, or mail within three (3) days.”

Standard 115.16 provides additional information regarding provision 115.33 (d).

115.33 (e) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 20.7 (pg 23) states, “Each facility shall maintain electronic or written documentation of an offender’s participation in the educational session (video or classroom). This documentation shall be forwarded to the Facility PREA Manager and the Department PREA Coordinator via email, fax, or mail within three (3) days.” Pamphlets are provided during the screening of the educational video. The facility noted that participation in the education program is documented with the PREA Risk Screenings with a notation on the date the pamphlets are provided. This notation was observed by the auditor during a review of the inmate PREA Risk Screenings.

115.33 (f) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 20.8 (pg. 23) states, “PSD shall ensure that key information on PSD’s PREA policies are continuously and readily available or visible through posters, handouts, offender handbooks, and resources in the offender library.” The Halawa Correctional Facility does not have a facility handbook. Ongoing education is provided through posters and brochures found throughout the facility common areas and living units. This was confirmed by the auditor during the site review of the facility.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.33

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) NIC Training Certificates
2. Interviews:
 - a) Investigators
 - b) PREA compliance manager

115.34 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 21.1 (pg. 23) states, "IA, or facilities, if authorized by the Director, shall conduct the internal administrative investigation for any allegations of sexual abuse. In addition to general training provided to all employee under §18.0 of this policy, PSD investigators shall receive training on conducting sexual abuse investigations in confinement settings." The policy adopts the requirement of the standard for specialized training for investigators. The PREA compliance manager and previous PREA compliance manager serve as the local investigators for the facility, in addition to investigators provided by the Headquarters unit. Documentation of training was provided for all investigators showing the completion of the National Institute of Corrections (NIC) training "PREA: Investigating Sexual Abuse in a Confinement Setting". Investigators who were interviewed stated that they had received the additional training to conduct PREA related investigations. Copies of Certificates of Completion for the NIC training were reviewed by the auditor.

115.34 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 21.2 (pg. 23) states, "PSD's specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda (not applicable) and Garrity warnings, preserving sexual abuse evidence for collection in confinement settings, and an understanding of the criteria and evidence required to substantiate a case in an administrative proceeding or for a referral by a county LE agency for criminal prosecution." Investigators interviewed as part of the processes, indicated that the training they received covered the mandatory subject matter indicated in the standard (listed in the policy above).

The agency reported that investigators completed the NIC training “PREA: Investigation Sexual Abuse in a Confinement Setting.” The auditor has reviewed the curriculum for this training from the PREA Resource Website which notes in part, “The curriculum.... includes content on PREA standards relating to investigations;.....proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female,....report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases.” Completion of this training was evidenced by the agency through the certificates of completion provided to the auditor for agency investigators.

115.34 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 21.3 (pg. 23 – 24) states, “PSD shall maintain documentation substantiating that investigators have completed the required training and it shall be documented on the staff member’s training record with TSD [Training and Staff Development].” The auditor was provided with certificates of completion for the training provided by the Department of Justice, National Institute of Corrections, specific to investigating Sexual Abuse in a Confinement Setting

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.34

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) NIC Training Certificates

2. Interviews:

- a) Mental Health Staff
- b) Medical Staff

115.35(a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 22.1 (pg. 24) states, "All full-time and part-time medical and mental health practitioners, who work regularly in PSD facilities should be trained in: (a) How to detect and assess signs of sexual abuse and sexual harassment; (b) How to preserve physical evidence of sexual abuse; (c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."

The Auditor reviewed documentation evidencing the completion of the required training by all medical staff. Interviews with medical staff and mental health staff confirmed that they had received the specialized training through the online course provided by NIC

Medical staff completed PREA: Medical Health Care of Sexual Assault Victims in a Confinement Setting. Mental Health Staff completed, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. This training is in addition to the PREA training that all facility staff attend (every other year).

115.35(b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 22.2 (pg. 24) states, "PSD medical and mental health staff are not responsible for conducting forensic medical examinations."

The agency reported that forensic exams are conducted at Kapiolania Medical Center for Women & Children (emergency / SATC). Facility medical staff also noted that forensic exams are not completed at the facility, victims are sent Kapiolania Medical Center for forensic examinations. The auditor spoke with staff at the Kapiolania Medical Center, who verified that they call in a SAFE/SANE nurse from the Sex Abuse Treatment Center (SATC) to conduct forensic examinations and provide services to Halawa Correctional Facility. The auditor spoke with staff who also confirmed that they provide SAFE/SANE services for Halawa Correctional Facility.

115.35 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 22.3 (pg. 24) states, "PSD shall maintain documentation substantiating that medical and mental health practitioners have completed the required training and it shall be documented on the staff member's training record with TSD...." The auditor reviewed training certificates for Medical and Mental Health staff noting: Medical staff completed PREA: Medical Health Care of Sexual Assault Victims in a Confinement Setting; Mental Health Staff completed, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Copies of training certificates were provided for 34 out of 34 staff in medical and behavioral health services.

115.35 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 22.4 (pg. 24) states, "Medical and mental health practitioners shall receive the training mandated for employees under §18.0 or §19.0 of this policy, based on the practitioner's status. Medical and mental health practitioners may comply with this provision through the webinars for Specialized PREA Training for Medical and Mental Health Practitioners offered at the PRC website and the National Institute of Corrections (NIC) website."

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.35

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, “Prison Rape Elimination Act” (eff. 09/22/2017)
 - b) Form PSD 8314
 - c) Inmate 72 hour screenings
 - d) Inmate 30 day screenings
2. Interviews:
 - c) PREA Coordinator
 - d) Random Inmates

115.41(a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 24.1 (pg. 25) states, "The [Intake Service Center] ISC is required to screen offenders at the intake screening process, which occurs upon admission to a facility, by utilizing the PREA Screening Tool (PSD 8314) and the accompanying instructions for the PREA Screening Tool." Section 24.3 continues that, "The facility staff shall review the offender's risk of sexual abuse victimization (vulnerability factors) or sexual abusiveness (predatory factors) toward other offenders, by reviewing the "Intake" PREA Screening Tool."

At HCF intake (72 Hour) screenings are completed by the PREA compliance manager, this was confirmed during the interview with him. During the onsite review the auditor observed the screening process including the interview with the inmate.

Interviews with the population who arrived in the previous 12 months varied in their response as to whether they had been asked the relative questions for screening, however the majority of individuals interviewed recalled screenings. A sample of 36 out of 36 inmate files indicated reviews were completed on all files.

115.41(b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 24.2 (pg. 25) states, "The intake screening by ISC shall occur within seventy-two (72) hours of intake/arrival." The auditor reviewed a sample of 36 inmate files; 10 of the 36 files reflected intake/arrival reviews were completed in a time period greater than 72 hours. Initial information provided by the PREA compliance manager indicated that the interviews were completed in a timely manner; the data entry was sometimes delayed. Due to the volume of late reviews, corrective action is indicated below to address the timeframes for completion of reviews.

115.41 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 24.6 (pg. 26) states, "ISC and facility staff shall utilize the PREA Screening Tool (PSD 8314) to conduct PREA risk assessments." Interviews with the PREA compliance manager and observations of the intake process confirms the use of the agency designated tool. The auditor reviewed the PREA Screening tool instructions for the "OFFENDERTRAK DATA INPUT" The vulnerability assessment scores are based on specific factors and is not left open for subjective interpretation. The auditor noted that the scoring tool assigns a specific value to specific responses on the assessment including mental illness, physical disability, developmental disability, age, physical build, etc.

115.41(d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 24.7 (pg. 26) states, "The PREA Screening Tool (PSD 8314) evaluates an offender's vulnerability factors and predatory factors. The PREA Screening Tool considers the following criteria to assess offenders for risk of sexual victimization: a. Whether the offender has a mental, physical, or developmental disability; b. The age of the offender; c. The physical build of the offender; d. Whether the offender has been previously incarcerated; e. Whether the offender's criminal history is exclusively nonviolent; f. Whether the offender has prior convictions for sex offenses against an adult or child (see predatory factors); g. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; h. Whether the offender has previously experienced sexual victimization, in a correctional and/or non-correctional setting, within the last ten (10) years; i. The offender's own perception of vulnerability (oral feedback); and j. Whether the offender is detained solely for civil immigration purposes, which normally does not occur at PSD facilities." The PREA compliance manager reported that these factors are considered as part of the process. The facility provided

samples of the blank form and copies of these screenings as selected by the auditor for review. Each document contained the information as listed in both the policy and the standard.

115.41(e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 24.8 (pg. 27) states, "The PREA Screening Tool considers prior predatory acts of sexual abuse, prior convictions for violence offenses, and history of prior institutional violence or sexual abuse, if known to the facility, in assessing offenders for risk of being sexually abusive." Screenings for predatory factors listed on the tool but on a separate section than the vulnerability factors. This review is completed at the 72 hour mark and again in 30 days.

115.41(f) Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 24.0.4 and .5 (pg. 26) indicate, "The facility shall reassess an offender's risk for victimization or abusiveness within thirty (30) days of intake screening, if additional relevant information is received about the offender's victimization or abusiveness, subsequent to the intake screening, by utilizing the PREA Screening Tool (PSD 8314). If no additional relevant information is received by the facility when reassessing the intake screening, then check the appropriate box on the intake screening tool processed within seventy-two (72) hours of admission." Interviews with the random inmate protocols indicated that only half of the inmates interviewed remembered being interviewed a second time. A review of the screenings reviewed by the auditor indicated that the 30 day screenings were routinely completed, however timeframes on more than half of the screenings were 1-5 days after the 30 day mark. Due to the concerns with the timeframes as indicated in 115.41 (b) as well, this provision will be included in the corrective action noted below.

115.41(h) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 24.10 (pg. 27) states "An offender shall not be disciplined for refusing to answer, or for not disclosing complete information, related to, the questions asked pursuant to §24 of this policy." During the interview with the PREA compliance manager he confirmed his understanding of the policy and standard indicating that inmates could refuse to answer questions related paragraph (d) 1 and (d) 7-9 of this standard. There is no indication that inmates were disciplined for not responding to the above questions during risk screening.

115.41(i) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 24.11 (pg. 27) states that, "The information on the PREA Screening Tool (PSD 8314) is subject to confidentiality requirements; Therefore, professional and ethical rules shall be enforced to avoid any negative impact to the offender. The information should not be exploited to the detriment of the offender. The agency PREA coordinator stated that access to the risk assessment requires a specific sign on access and is limited by her, however all staff would be able to see the PREA screening identifier (not the information used for scoring). The PREA compliance manager/facility staff who conduct screenings confirmed this information during his interview.

A review of the evidence provided by the facility, as selected by the auditor indicates that the reviews are routinely being completed and more ordinarily than not within 72 hours, however the rate of timeliness was only 72%. A review of the 30 day reviews indicated approximately 50% of them were completed within the 30 day time frame.

Update 02/07/2020

The facility began corrective action at the completion of the onsite review which ended on 09/26/2019, Since that time the facility has provided updated documentation of compliance including screenings based on selection criteria as provided by the auditor, the agency provided a list of all incoming inmates, with copies of screening for every 10th inmate (10% of the incoming population) The

documentation indicating compliance presently at 100% for both 72 hour screenings and 30 day screenings.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.41

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Form PSD 8314
 - c) Inmate 72 hour screenings
 - d) Inmate 30 day screenings
 - e) Transgender 6 month reviews.
2. Interviews:
 - a) PREA Coordinator
 - b) PREA compliance manager/Staff responsible for screening
 - c) Transgender Inmates
 - d) LGB Inmates
 - e) Random Inmates

115.42(a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 25.1 (pg. 27) states , "PSD shall use the information from the risk assessment screening for housing designations, work line, program assignment, or scheduling to keep separated those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive."

PREA Screening Tool (PSD 8314) Instructions Pg. 8 provide direction that, "When an offender is designated as a 'victim, potential victim, sexual predator, or potential sexual predator,' and the Reviewer of Sections I-VII has forward the PREA Screening Tool to the Facility COS or Watch Commander. The Facility COS or Watch Commander shall complete Section VIII: Housing Status to ensure that the offender is appropriately housed based on the PREA Screening Tool scoring designation by checking the relevant housing placement: general population, separatee status, protective custody unit, or administrative segregation."

These instructions further provide that, "The housing assignment shall consider the offender's scoring and the designated housing assignment shall consider how the offender's placement may impact the offender or other offenders, while ensuring the requirements of the PREA Standards. It is important that the housing assessment also considers the programmatic access the offender will encounter based on the housing assignment. The PREA screening instrument scoring is to be utilized to formulate housing assignments, cell or bed assignments, work assignments, education, and other programmatic access

for the offender.” The PREA compliance manager confirmed that these screenings are used for housing and programming as indicated in the documentation and required by both policy and the standard.

115.42(b) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 25.1 (pg. 27) states, “PSD shall use the risk screening tool information to make an individualized assessment about how to ensure the safety of each individual offender.” The PREA compliance manager confirmed that the assessments are used to make individualized assessments.

115.42(c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 26.0 (pg. 27) states, “A transgender or intersex offender will be housed based on their legal status as a male or female. Any deviation in the housing assignment of a transgender or intersex offender to a facility for male or female offenders will be determined by medical and mental health practitioners with input from program and security staff initially at the intake process. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, PSD shall consider on a case-by-case assessment of whether a placement would ensure the offender’s health and safety, and whether the placement would present a management or security concern.” The PREA compliance manager confirmed that housing placements were made on a case-by-case basis, with consideration for the inmates health and safety. Transgender inmates were interviewed as part of the process, however due to a limited number the responses were inconsistent. The agency provided documentation that includes opportunity for expression about sexual abuse vulnerability to all inmates at both the 72 review and the 30 day review.

115.42(d)/(e) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 26.3 (pg. 28) states, “Biannually, designated facility staff identified by the Warden shall reassess the placement and programming assignment of each transgender and intersex offender for the purpose of assessing any threats to the safety of the offender. Section 26.4 further provides that, “This biannual assessment shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317) and/or may be conducted as part of a classification review for the transgender or intersex offender...” Section 26.5 states, “A transgender or intersex offender’s own views with respect to his or her own safety shall be given serious consideration.” The PREA compliance manager confirmed that the placement and programming assignments for transgender inmates was reviewed every six months. The agency provided documentation of these reviews indicating they were completed at least twice a year and each review considered the inmate’s own views with respect to their safety.

115.42(f) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 26.0. (pg. 28) requires that, “Transgender and intersex offenders shall be given the option to shower separately from other offenders in dorm situations, if so requested. This provision is applicable only when individual showers are not available at the offender’s assigned housing unit.” The PREA compliance manager confirmed that all inmates including transgender inmates are provided opportunity to shower separately from others. Interviews with transgender inmates provided inconclusive results as only 1 of 2 stated they had opportunity to shower separately. During the onsite review the auditor observed the shower areas for each living unit, noting that each shower is independent, there were no multi-person showers in the housing units. Each shower area provided privacy via a curtain that extended to the ground level.

115.42(g) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 26.0.7 (pg. 28) states, “PSD facilities shall not place LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is established in connection with a consent decree legal settlement, or legal judgement for the purpose of protecting such offenders.” PSD and HCF do not have designated facilities, units or wings for housing inmates who identify as LGBT. This was verified through a review of the housing assignments and during the onsite review. Offenders who identify as LGBTI were interviewed as part of the onsite review, they consistently indicated they were not housed in any dedicated units or wings. Interviews with both the PREA

coordinator and PREA compliance manager also confirmed that there is no practice of housing based on this criteria.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.42

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No

- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? Yes No

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, “Prison Rape Elimination Act” (eff. 09/22/2017)
 - b) Agency Policy COR.11.01, “Administrative Segregation and Disciplinary Segregation” (eff. 11/28/2014)

2. Interviews:
 - a) Warden
 - b) PREA Coordinator

115.43(a) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 27.1 (pg. 28) states, “PSD discourages the placement of offenders in involuntary administrative segregated housing solely because of their high risk of sexual victimization status, unless an assessment of all available alternatives has been made and it is concluded that there is no available alternative for separating the victim from a likely abuser. This shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.” Section 27.2 continues that, “If the PSD facility is unable to conduct the above assessment immediately, the facility may hold the offender in involuntary administrative segregated housing for a period of less than twenty-four (24) hours pending the completion of the mandated assessment.” The facility reports that there has been no placements of offenders in involuntary administration solely because of high risk of sexual victimization status. The warden was asked, “Does agency policy prohibit placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers?” During his interview the warden confirmed this prohibition.

115.43(b) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 27.3 (pg. 28) states, “Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible, as dictated by the facility’s schedule and operational needs.” Section 27.4 continues, “If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document this by utilizing the PREA Mandated Reporting Form (PSD 8317). This shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. The documentation shall include: (a) The programs, privileges, education, or work opportunities that have been limited; (b) The duration of the limitation; and (c) The reasons for such limitations.” Staff who supervise segregation noted that they had not had anyone in segregation for this purpose, but they would be provided all the requirements as listed in this policy.

115.43(c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 27.0.5 (pg. 29) states, “If a PSD facility assigns an offender at risk of sexual victimization to involuntary administrative segregated housing as an alternative means of separation from the likely abuser, than such as assignment should not normally exceed a period of thirty (30) days.” During the interview with staff who supervise inmates in segregated housing they noted that the assignment would almost certainly be shorter than 30 days. The warden also confirmed knowledge of the policy as well as noting that it would be followed.

115.43(d) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 27.6 (pg. 29) states, “If an involuntary administrative segregated housing is made pursuant to paragraph (1) of this section, the facility shall document this by utilizing the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. (a) The basis for the facility’s concern for the offender’s safety; and (b) The reason why no alternative means of separation can be arranged.”

Section 27.7 continues with, “If placement in involuntary administrative segregated housing exceeds the initial thirty (30) days, the facility shall conduct follow-up reviews as dictated by COR.11.01 Administrative Segregation and Disciplinary Segregation, but no less than every thirty (30) days to assess the offender’s continued separation from the general population.” The facility reports that there has been no instances of someone being housed in involuntary administrative segregated housing, nor anyone exceeding 30 days.

115.43(e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 27.8 (pg. 29) states, "This shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."

Agency Policy COR.11.01, "Administrative Segregation and Disciplinary Segregation" (pg. 7) states, "Thirty (30) days after an inmate's initial placement in administrative segregation and every thirty (30) 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 general inmate population. A copy of the decision shall be provided to the inmate on PSD 8226, Part D." Staff who supervise segregation confirmed the requirement for reviews every 30 days, with the inmate.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.43

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland

Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) PREA Reporting Forms
 - c) An Informational Guide for Offenders
 - d) Investigation files (showing reports)
2. Interviews:
 - a) Random Staff
 - b) Random Inmates
3. Site Review Observations:
 - a) Posters

115.51 (a) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 28.1 (pg. 29) states, “PSD provides multiple internal and external ways for offenders to privately report sexual abuse and sexual harassment; retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Section 28.2 states, “Offenders may report non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct, or staff sexual harassment to any PSD employee, contract employee or volunteer by using available methods of communication, including but not limited to verbal or written reports.”

The agency provides brochures in ongoing education that advises the population of multiple reporting options including:

- You may report the sexual abuse verbally or in writing to a staff member or supervisor that you trust, such as your Case Manager, an Adult Corrections Officer, Chaplain, Medical, or Mental Health Professionals.
- You may report the sexual abuse verbally or in writing to Internal Affairs, the Warden, the Sheriff, the Institutions Division Administrator, the PREA Coordinator, or other Administrators.
- You may file an inmate grievance. You may also submit information anonymously (kite).
- A family member, friend, or other 3rd Party may file a report on your behalf to the administrators and staff identified above.

The agency has a speed dial list posted in the living units near the inmate phones that provides

State Ombudsman's Office	06
Oahu Sex Abuse Treatment Center 24-Hour Hotline	01
PSD PREA Coordinator	05
American Civil Liberties Union of Hawaii (ACLU)	07

Education on reporting is provided on the first day of arrival as well as ongoing postings as further evidenced in § 115.33.

During the onsite review the auditor tested the grievance system and was notified by PREA coordinator’s office of receipt and processing of the grievance in accordance with agency policy. The audit team also successfully tested the phone system to make calls to the agency PREA coordinator’s office.

Interviews with Random staff indicated an understanding of reporting avenues for inmates to make reports as well as the staff members responsibility to accept all reports as required in § 115.61. Staff reported that they had received training in these responsibilities as outlined in § 115.31. Interviews with the random inmate protocols indicated that the population understood options for reporting complaints of sexual abuse or sexual harassment. During the onsite review the audit team observed postings in each of the living units as well as common areas that provided reporting options for sexual abuse and sexual harassment.

115.51 (b) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 28.3 (pg. 30) states “PSD provides notification to offenders on how to report abuse or harassment to a public entity, private entity, or an external agency, who is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, such as the Department PREA Coordinator and may allow the offender to remain anonymous upon request.”

Section 28.4 further provides that, "Offenders, staff, and others may report incidents of sexual abuse, sexual harassment, and retaliation for reporting by:

- a) Contacting the Ombudsman at 808-587-0770 or at 465 South King Street 4th Floor, Honolulu, HI 96813; a Legislative or Political Representative (at their office address), or the Department of the Attorney General at 808-586-1500 or at 425 Queen Street, Honolulu, HI 9613;
- b) Contacting the Sex Abuse Treatment Center at 808-524-7273 or at 55 Merchant Street, 22nd Floor, Honolulu, HI 96813;
- c) Contacting the Department PREA Coordinator at 808-587-1329 or at 919 Ala Moana Boulevard, Suite 400, Honolulu, HI 96814;
- d) Contacting the Director or the relevant Deputy Director at 808-587-1288 or at 919 Ala Moana Boulevard, Suite 400, Honolulu, HI 96814; Internal Affairs at 919 Ala Moana Boulevard, Suite 400, Honolulu, HI 96814; or the Facility Warden or Investigator at the relevant facility;
- e) Notifying a family member, who can initiate a telephone call or a letter to the Key Staff identified above; or
- f) Filing an Emergency Offender Grievance Complaint.
- g) Contacting the relevant County LE agency."

Specific to the requirements of this provision that, "The agency shall also provide at least one way for inmates to report abuse or harassmentthat is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials...." The auditor verified with the Sex Abuse Treatment Center that they will accept reports from inmates so they may remain anonymous, however they do require permission from the inmate to forward the report to the agency. This is done via a release completed in writing through the mail system, which results in a delay in reporting the allegation to the agency. Alternatively, the population may make reports directly by Contacting the Ombudsman using the speed dial system (06) in the living units.

Interviews with the PREA compliance manager confirmed and understanding of the reporting options made available to the population including the external options of the Ombudsman and SATC. Interviews with the population using the random protocols indicated a general understanding of reporting options including the opportunities for third party or anonymous.

Section 28.5 of the policy also states that, "If an offender is detained solely for civil immigration purposes, the offender shall be provided information on how to contact the relevant consular officials and relevant Department of Homeland Security officials. It should be noted that PSD does not normally house offenders solely for civil immigration purposes." The agency confirmed that it does not house inmates solely for civil immigration purposes, this was further supported through a review of information available from the U.S. immigration and Customs Enforcement website.

<https://www.ice.gov/detention-facilities>

Although the agency does not house individuals solely for civil immigration purposes, the agency includes speed dial contact information in their inmate phone systems for a number of consulates including:

- Consulates in Hawaii (American Samoa Office)

- Consulates in Hawaii (Japan Office)
- Consulate in Hawaii (Korea Office)
- Consulate in Hawaii (Micronesia Office)
- Consulate in Hawaii (Philippine Office)

115.51 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 28.6 (pg. 30) states, “PSD mandates that staff accept reports of sexual abuse, sexual harassment, or retaliation made verbally, in writing, anonymously, and from third parties. Staff shall immediately document all verbal reports of sexual abuse, sexual harassment, or retaliation by immediately notifying superiors through the chain of command.” Staff are provided training on this requirement as evidenced in standard 115.31. During interviews with staff, they demonstrated a knowledge that “ALL” allegations and reports of sexual abuse or sexual harassment including retaliation for making reports are required to be forwarded for investigation. Staff indicated an understanding that “all” means “all” and it includes third party, or anonymous reports. When inmates were asked, “can someone else (for example, a friend or relative) make the report for you so that you do not have to be named?” There was 100% understanding that someone else can make reports on their behalf.

The auditor noted that the agency provides reporting avenues for friends and families on their public website as indicated in the provided web address:

<http://dps.hawaii.gov/policies-and-procedures/pp-prea/>

115.51 (d) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 28.7 (pg. 30) states, “A staff member may privately report incidents of offender sexual abuse, offender sexual harassment, or retaliation as indicated in paragraph (4) of this section.” Section 28.4 (listed above) incorporates staff into the language of using all available reporting options indicated in provisions (a) and (b), stating that, “Offenders, staff, and others may report incidents” It was noted that most staff were generally unaware of these options, some staff did indicate they could possibly use the phone numbers provided, however most indicated if there was an issue with reporting via the chain of command they could report issues directly to the warden or PREA compliance manager.

It is recommended that updates to the PREA training lesson plan or supplemental training provide information of confidential reporting options for staff.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.51

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (effective 09/22/2017)
 - b) Inmate Grievance Program COR.12.03 (effective 01/17/2013)
 - c) Inmate Grievance Form
2. Interviews:
 - a) PREA compliance officer
 - b) Grievance Coordinator
3. Observations:
 - a) Test grievance submitted by the auditor.

115.52 (a-b) The agency has and administrative procedure for dealing with inmate grievances regarding sexual abuse. The procedure is outlined in agency policy ADM.08.08, "Prison Rape Elimination Act," section 29.1 (pg. 31) PSD's policy COR.12.03: Inmate Grievance Program outlines the administrative procedures available to offenders for reporting incidents of sexual abuse, sexual harassment, or retaliation. Section 29.2 states that, "This section is an addendum to COR.12.03: Inmate Grievance Program as it relates to PREA incidents. PREA mandates that there shall be "no time limits or deadlines" for filing a grievance that is reporting an alleged incident of sexual abuse; a. PSD shall not restrict the processing of an offender grievance regarding an allegation of sexual abuse; b. The filing period set forth in COR.12.03: Inmate Grievance Program is still applicable to any portion of the grievance that does not allege an incident of sexual abuse. The offender must still comply with appeal filing requirements as set forth in COR.12.03; c. PSD shall not require an offender to utilize the informal grievance process for grievances alleging incidents of sexual abuse; d. The statutory or legal provisions germane to the statute of limitations are applicable to any civil action in a court proceeding.

During the onsite review the auditor interviewed the grievance coordinator who confirmed that time limits do not apply to grievances related to sexual abuse; there is no requirement for informal resolution of these type grievances.

115.52 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 29.3 (pg. 31) states, "An offender may submit an offender grievance alleging sexual abuse without submitting it to the staff member, who is the subject of the complaint. This grievance shall not be referred to the staff member, who is the subject of the grievance complaint." During the test of the grievance process the auditor noted that grievances were submitted via a mailbox and not required to be given to a staff member who

is the subject of the grievance complaint. The grievance coordinator and PREA compliance manager confirmed that grievances would not be sent to the subject of the complaint for investigation.

115.52 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 29.4 (pg. 31) states, "PSD's grievance policy and timelines may differ from the PREA requirement that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within ninety (90) days of the filing of the grievance; a. Computation of the PREA 90-day time period does not include time consumed by offenders in preparing any administrative appeal; b. PSD may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. PSD shall notify the offender in writing of any such extension and provide a date by which a decision will be made."

Section 9.4 c further provides that, "At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level."

The facility reported that there were no grievance filed that alleged sexual abuse in the past 12 months.

115.52 (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 29.5 (pg. 32) states, "PSD permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and they may file such requests on behalf of offenders." Sub-section a provides that, "If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process." Subsection b states, "If the offender declines to have the request processed on his or her behalf, PSD shall document the offender's decision on the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. The process identified in section 29.5 was confirmed by both the PREA compliance manager and the grievance coordinator.

115.52 (f) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 29.6 states, "PSD's current Grievance policy establishes procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. This section is intended to supplement the Grievance policy by requiring that: a. An initial response is provided within forty-eight (48) hours; b. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the PSD staff member shall immediately forward the grievance or any portion thereof that alleges the substantial risk of imminent sexual abuse to a level of review where immediate corrective action may be initiated; c. PSD shall issue a final agency decision within five (5) calendar days. The decision shall include a determination as to whether the offender is at substantial risk of imminent sexual abuse and it shall describe the action taken in response to the emergency grievance." The auditor noted that policy provides for each of the requirements of this provision of the standard.

115.52 (g) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 29.7 (pg. 32) states, "PSD may initiate a misconduct violation against an offender for filing a grievance or reporting related to alleged sexual abuse or sexual harassment, when PSD demonstrates that the offender filed the grievance or report in bad faith."

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.52

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Agency Policy COR 15.02, "Correspondence" (eff. 10/03/2019)
 - c) Contract #18-HAS-01

2. Interviews:
 - a) PREA Coordinator
 - b) Random Inmates
 - c) Inmates who reported sexual abuse
 - d) Victim Advocacy Staff

115.53 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 30.1 (pp. 32 – 33) states, "PSD shall provide offenders with access to outside victim advocates for support services related to sexual abuse by doing the following: (a) Providing offender with the mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. PSD's service provider is the SATC and its relevant outer island providers. (b) Providing inmates with mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detailed solely for civil immigration purposes. (c) Enabling reasonable communication between offenders and these organizations in as confidential a manner as possible, while balancing the good government and orderly running of the facility."

PSD maintains a contract with Kapiolanie Medical Center for Women and Children, Sex Abuse Treatment Center SATC (Contract #18-HAS-01) to provide services for victim advocacy. The contract expired on June 30, 2019. The PREA compliance manager reported that the contract is extended, with documents pending. The auditor spoke with SATC staff who verified that they provide services to PSD and Halawa Correctional Facility. SATC provides crisis response services available to sexual assault victims; a hotline to enable victims to access crisis intervention 24 hours a day, 365 days a year; ongoing crisis phone support; in-person crisis counseling; legal advocacy; and presence with crisis stabilization during forensic medical exams. During the interview with staff at the SATC, the auditor noted that crisis counseling is provided on site and the facility would coordinate transport.

Interviews with random inmates indicated that most were unsure of services provided by victims advocates. During the onsite review the audit team was able to successfully test the phone system to contact SATC. Contact information is available to the population via the DPS Speed Dial List posted in the living units near each of the phones. The auditor observed the phone contact list in the living units during the onsite review.

115.53 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 30.2 (pg. 33) states, "PSD medical and mental health staff shall inform offenders, prior to giving them access to outside support services, of the extent to which such communications will be monitored. PSD shall inform the offenders

of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.” During the onsite interview medical and mental health staff were asked, “At the initiation of services to an inmate, do you disclose the limitations of confidentiality and your duty to report?” Medical and mental health staff stated that they did provide this disclosure to inmates. The Informational Guide for Offenders provides a limited statement on confidentiality, noting, “.....It does not require inputting your pin number and at your option are CONFIDENTIAL & EXTERNAL options.” The agency provides access to the correspondence policy COR.15.02 which outlines no specific exemption from inspection by mailroom staff.

115.53 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 30.3 (pg. 33) states, “PSD maintains agreements with community service providers through SATC based on the awarded contract by the Executive Branch. The SATC provides offenders with emotional support services related to sexual abuse. PSD maintains a copy of the grant award to SATC to document the relationship and obligations for SATC and PSD.”

PSD maintains a contract with Kapiolanie Medical Center for Women and Children, Sex Abuse Treatment Center SATC (Contract #18-HAS-01) to provide services for victim advocacy. The contract expired on June 30, 2019. The agency reported that the contract is extended, the PREA compliance manager noted that documents are pending. The auditor spoke with SATC staff who verified that they provide services to PSD and Halawa Correctional Facility.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.53

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) "An informational guide for Offenders; Offender Sexual Abuse and Sexual Harassment" pamphlet (rev. 09/29/2014)

3. Site Review Observations:
 - a) Posters
 - b) Website Posting

115.54 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 31.1 states, "PSD provides the public notice via PSD's website of the methods for third-party reports of offender sexual abuse or sexual harassment."

Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 31.2 provides the additional directions that, "PSD publicly distributes information on how to report offender sexual abuse or sexual harassment on behalf of offenders by posting on PSD's website the Departmental PREA Policy, PREA Handout, PREA poster etc."

The agency provides both pamphlets and posters with reporting information. Both formats includes contact numbers and addresses that identify the option of having family, members or friends make notification. The auditor observed posters in multiple languages in the housing areas and in public areas where visitors prepare for visitation.

The auditor also observed the agency website <http://dps.hawaii.gov/policies-and-procedures/pp-prea/> and noted that it provides PREA reporting information including on "How to report PREA incidents," this site includes multiple reporting entities both internal and external to the agency and includes:

PSD PREA Coordinator 919 Ala Moana Blvd. #116, Honolulu, HI 96814, 808-587-1329;

PSD Internal Affairs 919 Ala Moana Blvd. #204, Honolulu, HI 96814, 808-587-1130;

PSD Director, Deputy for Corrections, or Institutions Administrator, 919 Ala Moana Blvd. #400, Honolulu, HI 96814 / 808-587-1288;

Sex Abuse Treatment Center 55 Merchant Street 22nd Floor Honolulu, HI 96813, 808-524-7273;

Office of the Ombudsman 465 South King Street, 4th Fl Honolulu, Hawaii 96813, 808-587-0770;

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.54

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Investigation files
 - c) Staff Training
2. Interviews:
 - a) Warden
 - b) PREA Coordinator
 - c) Mental Health/Medical staff
 - d) Random Staff

115.61 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 32.1 states, "PSD requires that all staff immediately report any knowledge, suspicion, or information, they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, or a non PSD facility." Section 32.2 provides the same reporting requirements related to retaliation against staff and offenders who reported incidents in section 32.1. Section 32.3 provides the requirement that, "PSD requires that all staff immediately report any knowledge, suspicion, or information, they receive regarding staff neglect or violation of responsibilities that may have contributed to a PREA incident or retaliation."

The auditor received copies of power point presentations used to train staff in their requirement to report all incidents of sexual assault, sexual harassment and incidents of retaliation. The training defines immediately as "now." During interviews with random staff they confirmed their knowledge of this requirement and how to make a report.

115.61 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 32.4 (pg. 34) states, "PSD prohibits staff from revealing any information related to a sexual abuse report to anyone other than and to the extent necessary to manage treatment, investigation, and other security decisions, inclusive of reporting to the designated supervisors or officials and designated State or local service agencies." Interviews with random staff indicated that staff understood the requirements of confidentiality related to reports of sexual abuse, sexual harassment, and retaliation. The auditor reviewed staff training which

notes, "All information related to a victim of sexual assault is CONFIDENTIAL and should only be released to those who need this information to perform their duties."

115.61 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 32.5 (pg. 34) which states, "Unless otherwise precluded by federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraphs (1-3) of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."

Medical and Mental Health staff were asked, "At the initiation of services to an inmate, do you disclose the limitations of confidentiality and your duty to report?" During each interview medical and mental health staff confirmed with the auditor that they provide this disclosure. During the same interviews staff confirmed they understood their requirements to report, "any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it."

115.61 (d) The agency states that reports are made pursuant to the mandatory reporting requirements. These requirements are captured in agency policy ADM.08.08, "Prison Rape Elimination Act," section 32.6 states, "If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local "vulnerable person's statute," PSD shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." The agency noted that it does not house anyone under the age of 18.

Agency policy provides definitions for mandatory reporting regulations found in, "HRS §346, Part X: Adult Protective Services, defines a "vulnerable adult" as a person eighteen (18) years of age or older who because of mental, developmental, or physical impairment, is unable to: a. Communicate or make responsible decisions to manage his/her own resources; b. Carry out or arrange for essential activities of daily living; or c. Protect oneself from abuse, including physical abuse, psychological abuse, sexual abuse, financial exploitation, caregiver neglect, or self-neglect." The reporting requirements are provided in "HRS §346, Part X: Adult Protective Services, mandates that personnel employed in health care, social services, LE, and financial assistance are required to report suspected abuse or neglect of a vulnerable adult. The law mandates reporting when there is reason to believe abuse has occurred or the vulnerable adult is in danger of abuse, if immediate action is not taken." The warden and random staff confirmed an understanding of the requirements for mandatory reporting.

115.61 (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 32.9 (pg. 34) states, "PSD shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, through the chain of command and a copy shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days." The requirement for staff to report all incidents including third-party and anonymous reports is incorporated into the staff training. Staff indicated they understood this requirement. The warden confirmed that allegations are forwarded to the appropriate investigator. A review of investigations provided supporting evidence with the policy and notification to the agency PREA coordinator. The facility PREA compliance manager serves as the facility investigator and confirmed that he does receive reports for administrative investigations. Criminal investigations are reported to the Honolulu Police Department for investigation.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.61

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Director
 - b) Prison Warden
 - c) Random Staff

115.62 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," sections 33.1 and 33.2 (pg. 34) require that, "When a Facility or PSD staff learns that an offender is subject to a substantial risk of imminent sexual abuse, the party shall take immediate action to protect the offender. Immediate action means to assess appropriate protective measures without unreasonable delay. The procedures are dictated by this policy and other relevant departmental policies."

Random staff who were interviewed noted that they would take action immediately. Staff treated the imminent threat the same as if there had been a reported abuse and responded without delay. Responses were consistent with separation from the threat and notification to supervisors. During the

interview with the agency head, he confirmed the requirement for immediate action to make sure the potential victim is safe. During the interview with the warden, when asked, "When you learn that an inmate is subject to a substantial risk of imminent sexual abuse what protective action does the facility take?" The warden confirmed the requirements for immediate response to protect the potential victim.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.62

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Warden

115.63 (a) The agency provides the requirement that when an allegation is received that an inmate was abused at another facility that it is reported by the facility head to the head of the facility where the abuse occurred. The agency has two notification processes, depending on if the abuse occurred in facilities that are not part of PSD or are internal to PSD. For external notifications the directives are found in agency policy ADM.08.08, "Prison Rape Elimination Act," section 34.1 which requires that, "Upon receiving an allegation that an offender was sexually abused while confined at a non-PSD facility, the receiving Facility Head or Warden shall immediately notify the non PSD facility Head or Warden of the PREA sexual abuse allegation. The Facility Head or Warden shall include the department PREA Coordinator in the formal notification to the non-PSD facility, via "Carbon Copy" for email notifications, or by emailing the fax transmittal to the head of the facility for fax notifications."

For allegations in which the abuse occurred in another facility within the agency the process is described in agency Policy ADM.08.08, "Prison Rape Elimination Act," section 34.2 which requires that, "Upon receiving an allegation that an offender was sexually abused while confined at a PSD facility, the receiving Facility Head or Warden shall immediately notify the alleged PSD Facility Head or Warden of the PREA sexual abuse allegation. The Facility Head or Warden at the receiving facility shall include the department PREA Coordinator in the formal notification to the PSD facility, via "Carbon Copy" for email notifications, or by emailing the fax transmittal to the head of the facility for fax notifications."

115.63 (b-c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 34.3, states, "The Facility Head or Warden shall provide such notifications as soon as possible, but no later than seventy-two (72) hours after receiving the allegation." The requirement to document these notifications are found in Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 34.4 which states, "The Facility Head or Warden shall document that he/she has provided such notifications within seventy-two (72) hours of receiving the allegation." The facility had no instances of these type of notifications during the documentation period.

115.63 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 34.5 states, "The Facility Head or Warden shall require and advise the non-PSD or PSD facility that the allegation must be investigated as required by the PREA Standards." Additionally agency policy ADM.08.08, "Prison Rape Elimination Act," section 28.6 states, "PSD mandates that staff accept reports of sexual abuse, sexual harassment, or retaliation made verbally, in writing, anonymously, and from third parties. Staff shall immediately document all verbal reports of sexual abuse, sexual harassment, or retaliation by immediately notifying superiors through the chain of command." During the interview with the warden, when asked, "What happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility?" The warden confirmed knowledge and compliance with the policy/standard requirements.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.63

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Investigation Files
 - c) Form PSD 8313

2. Interviews:
 - a) Random Staff

115.64 (a) The agency policy addresses first responder responsibilities as noted in agency policy ADM.08.08, "Prison Rape Elimination Act," section 35.1 (a-d) states, "PSD's first responder policy for allegations of sexual abuse dictates that, upon learning of an allegation that an offender was sexually abused, the first staff member, who ideally would be a security staff member, to respond to the reported incident is required to: (a) Separate the alleged victim and abuser; (b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence by county LE and IA; (c) If the abuse occurred within a time period (PSD Health Care Division's standard is seventy-two (72) hours) that still allows for the collection of physical evidence, then request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (d) If the abuse occurred within a time period (PSD Health Care Division's standard is seventy-two (72) hours) that still allows for the collection of physical evidence, then staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." Each step noted above is captured in a checklist titled, "PREA Response Incident Checklist" which provides the watch commander a step by step job aid to ensure each area is covered. Completed samples of this checklist were observed in the investigation files.

The agency states that there were 19 reports that an inmate was sexually abused, 12 instances security staff members responded and separated the alleged victim and abuser. The facility states that the other 7 reports were made to non-security staff members, the hotline or through SATC. Only one report was received in a time period that still allowed for the collection of physical evidence. The facility reported that pursuant to agency policy and the provisions of this standard the alleged victim was separated, steps were taken to preserve evidence, the request was provided for the alleged victim to avoid actions that could destroy evidence and direction was provided to ensure the alleged abuser did not destroy evidence.

115.64 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 35.2 states, "PSD requires that if the first staff responder is not a security staff member, the staff responder will be required to separate the victim and abuser, if feasible, request that the alleged victim not take any actions that could destroy physical evidence, and then immediately notify security staff." The agency reports that there were seven instances where reports were made to non-security staff, the hotline or SATC. None were noted during a time period that allowed for collection of physical evidence.

Interviews with Security staff and non-security staff who could act as first responders were able to articulate the initial steps of response including keeping the alleged victim safe, reporting and evidence preservation. Random staff were asked, "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" The random staff members consistently noted the requirements to keep the alleged victim safe/separated from the alleged abuser, the requirement for notification and evidence preservation.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.64

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Halawa Correctional Facility PREA Response Checklist Form PSD 8313
2. Interviews:
 - a) Warden

115.65 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 36.1 (pg. 36) states, "Each PSD facility must develop a facility specific written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership." Section 36.2 also provides that, "Each facility's written institutional plan shall incorporate the PREA Incident Checklist (PSD 8313) and other PREA forms. If a facility has developed a Facility PREA Coordinated Response Incident Checklist, then it must incorporate at a minimum all variables included on the Department's PREA Response Incident Checklist (PSD 8313)."

During the onsite review the warden confirmed that Halawa Correctional Facility had a facility specific response plan. The agency provided a copy of the Halawa Correctional Facility PREA Response

Incident Checklist with information specific to Halawa Correctional Facility. This plan was adapted from the agency wide checklist PSD 8313.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.65

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) UPW Collective Bargaining Agreement
 - c) HGEA Collective Bargaining Agreement

2. Interviews:

a) Agency Director

115.66 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 38.1 (pg. 37) provides the agency's preservation for the ability to protect offenders from contact with abusers and states, "PSD or any other governmental entity responsible for collective bargaining on PSD's behalf shall not enter into or renew any collective bargaining agreement (CBA) or other similar agreement that limits PSD's ability to: a. Remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation; or b. In a determination of whether and to what extent discipline is warranted.

The agency director was asked about the agency's ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of an investigation; or a determination of whether and to what extent discipline is warranted. The agency director confirmed that the agency may move staff as needed for this purpose.

The agency maintains with agreements two separate bargaining units under American Federation of State, County and Municipal Employees (AFSCME). The United Public Workers (UPW) AFSCME Unit 10 and the Hawaii Government Employees Association (HGEA) AFSCME Local 152, AFL-CIO.

The United Public Workers agreement provides that, "When an investigation of charges against an Employee is pending and the Employee's presence at the workplace is deemed to be detrimental to the conduct of the investigation or the operations of the work place, the Employer may place the Employee on a leave of absence without pay pending investigation ... Whenever an investigation of charges against an Employee is pending, the Employer shall have the option to: (a) retain the Employee at work; (b) place the Employee on leave of absence with pay; (c) return the Employee to work from leave without pay pending an investigation; or (d) reassign the Employee to a temporary workplace in the same or different position."

Hawaii Government Employees associations agreement states, "Whenever an investigation of charges against an Employee is pending and the Employee's presence at work is deemed by the Employer to be detrimental to the proper conduct of the investigation or the operations of the work place, the Employee may be placed on a leave of absence without pay pending investigation ... Notwithstanding the foregoing, whenever an investigation of charges against an Employee is pending, the Employer shall have the discretion to: (a) retain the Employee in active duty status; (b) place the Employee on leave of absence with pay; (c) return the Employee to active duty status from leave without pay pending an investigation; or (d) reassign the Employee to another work unit or area in the same or different capacity."

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.65

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Agency Director

- b) Warden
- c) PREA compliance manager
- d) Inmates who reported sexual abuse.

115.67 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 39.1 (pg. 37) states, "PSD's policy protects all offenders and staff who report sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation, from retaliation by other offenders, staff, or others. The designated Facility PREA Compliance Manager in conjunction with the Warden or the Sheriff is charged with monitoring any issues related to retaliation." The policy notes that the facility PREA compliance manager is responsible for retaliation monitoring; this was confirmed with him during the interview process.

115.67 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 39.2 (pg. 37) states, "PSD utilizes multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff; when the individual fears or experiences retaliation for reporting sexual abuse or sexual harassment or for cooperating with a PREA investigation." The facility reported that there were no acts of retaliation for the previous 12 months. The Warden confirmed that actions would be taken to prevent and address any retaliation. The director confirmed the measures to monitor and address retaliation for alleged victims. The PREA compliance manager has responsibility for monitoring for retaliation at Halawa Correctional Facility, during the interview with the PCM, he confirmed that he monitors victims, reports, or witnesses (who express concern) for retaliation. He noted that he would meet with victims at least every 30 days. Inmates who reported incidents of sexual abuse reported that they felt safe during the interview with the auditor.

115.67 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 39.3 (pg. 37) states For a period of not less than ninety (90) days following a report of sexual abuse, the Facility PREA Compliance Manager in conjunction with the Warden and other staff shall monitor the conduct and treatment of offenders or staff, who reported the sexual abuse." Section 39.4 continues with, "During this minimum ninety (90) day period following a report of sexual abuse, the Facility PREA Compliance Manager in conjunction with the Warden and other staff shall monitor offenders, who were reported to have suffered sexual abuse, to see if there are any changes that may suggest possible retaliation by other offenders or staff." Section 39.5 provides that, "If it has been determined that the offender has suffered retaliation, then staff shall initiate proactive measures to promptly remedy any retaliation." Section 39.6 states, "The Facility PREA Compliance Manager and the Warden shall: a. Act promptly to remedy any such retaliation and report their actions through the chain of command; b. Monitor any offender disciplinary reports, housing, or program changes, or negative; performance reviews or reassignments of staff; c. Continue such monitoring beyond ninety (90) days, if the initial monitoring indicates a continuing need." Both the warden and the PREA compliance manager confirmed that monitoring for retaliation would continue for at least 90 days unless it was warranted to maintain it longer or end it sooner if the investigation was determined to be unfounded.

The facility documents the need for logging on the HCF SA Incident log, and provides additional documentation that indicates which cases need to be monitored on the PSD 8317. The auditor reviewed both documents and found indications for the requirement for logging, however no documentation was provided that evidenced the monitoring.

115.67 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 39.6.d (pg. 38) states, "In the case of offenders, monitoring by the Facility PREA Compliance Manager shall also include periodic status checks, preferably conducted weekly, at a minimum." The policy statement comes directly from the standard. The PREA compliance manger is responsible for retaliation monitoring and noted and

understanding of the requirements for retaliation monitoring, including the need for periodic status checks with those being monitored. As noted in provision (c) of this standard the facility documents the need for logging on the HCF SA Incident log, and provides additional documentation that indicates which cases need to be monitored on the PSD 8317, the facility was not able to provide documentation that evidenced monitoring or periodic status checks.

115.67 (e) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 39.6.d (pg. 38) states, “If any other individual, who cooperates with an investigation expresses a fear of retaliation, then PSD shall take appropriate measures to protect that individual against retaliation.” The agency director and facility warden confirmed that steps would be taken to monitor and address any concerns raised by and individual who cooperates with an investigation.

During the interim report the facility was able to articulate both policy and practice of monitoring individuals for retaliation following an incident of sexual abuse however, due to the lack of documentation of monitoring for 90 days following an incident that is either substantiated or unsubstantiated, the facility is non-compliant.

Update 02/07/2020

The facility began corrective action at the completion of the onsite review which ended on 09/26/2019, during this time the facility provided documentation indicating retaliation monitoring for cases that included unsubstantiated findings. The supplied samples included monitoring for 90 days from the date of allegation.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.67

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Investigation File
2. Interviews:
 - a) Warden

115.68 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 40 (pg. 39) states, "Any use of involuntary segregated housing to protect an offender post allegation, who is alleged to have suffered sexual abuse, is subject to the requirements of §27.0 of this policy." The facility reported that one individual was placed in involuntary segregated housing for approximately 5 hours for protection during the initial stages of an allegation. The placement was reported per agency policy on form PSD 8317. During the auditor's review of investigation files, it was noted that there was only one placement of a victim in administrative segregation for a limited duration to find suitable housing.

Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 27 provides all elements for standard 115.43 including the prohibition of placement of inmates in segregated housing "unless an assessment of all available alternatives has been made and it is concluded that there is no available alternative for separating the victim from a likely abuser." Additional information provided in standard 115.43

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.68

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) NIC certificates of completion
 - c) Investigative files
2. Interviews:
 - a) Agency Director

- b) Warden
- c) PREA coordinator
- d) PREA compliance officer
- e) Investigative staff
- f) Inmates who reported sexual abuse

115.71 (a) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.1 (pg. 38) states, “When PSD conducts an administrative investigation into an allegation of sexual abuse and/or sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” The policy provides the requirements of the provision in that it maintains the requirements for doing so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. During the interviews with investigative staff, they confirmed the meaning of promptly as immediate as well as investigating all complaints regardless of the source (third party/anonymous).

115.71 (b) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.3 states, “If sexual abuse is alleged, a PSD IA investigator, who has received specialized training in sexual abuse investigations pursuant to §21.0 of this policy will conduct the administrative investigation, unless the Director has authorized the Facility to conduct the administrative investigation. The Facility Investigator must have received the specialized training in sexual abuse investigations pursuant to §21.0.”

As provided in 115.34, The facility reported that investigators completed the NIC training “PREA: Investigation Sexual Abuse in a Confinement Setting.” The auditor was provided with certificates of completion for the training provided by the Department of Justice, National Institute of Corrections (NIC) specific to investigating Sexual Abuse in a Confinement Setting. Investigators were able to confirm they received the NIC training including information on the proper use of Miranda, Garrity, and evidence collection. Additional information for this provision is provided in § 115.34.

115.71 (c) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.4 (pg. 39) states, “PSD Investigators shall: (a) Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data (b) Interview alleged victims, suspected perpetrators, and witnesses, unless a delay of an interview of a victim is requested by county LE (c) Review prior complaints and reports of sexual abuse involving the suspected perpetrator.” During the onsite review investigative staff were interviewed. When asked, “What would be the first steps in initiating an investigation and how long would they take?” And “Please describe any direct and circumstantial evidence you would be responsible for gathering in an investigation of an incident of sexual abuse.” The investigators confirmed that they would take steps by reviewing the reports, and gathering all evidence including video, phone calls, documents, etc. The investigators noted they would review previous allegations, develop questions and interview witnesses, the victim and the alleged perpetrator. The auditor reviewed completed investigation reports that confirmed compliance with the policy and provision.

115.71 (d) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.5 (pg. 39) states, “When the quality of evidence appears to support criminal prosecution, PSD shall conduct compelled interviews of staff by affording the staff member Garrity Warnings. PSD Investigators should consult with county LE or prosecutors as to whether a compelled interview may be an obstacle for subsequent criminal prosecution.” Criminal investigations are conducted by Honolulu Police Department, Agency

investigators state they do not conduct compelled interviews with staff when the case appears to be criminal.

115.71 (e) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.6 (pg. 39) states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined merely by the person’s status as an offender or staff member.” Section 41.7 continues, “PSD staff does not require an offender, who alleges sexual abuse, to submit to a polygraph examination, computer voice stress analysis (CVSA) or other truth-telling device as a condition for proceeding with the investigation. PSD staff may offer the victim or non-staff witnesses the option to participate in this type of technological process (polygraph, CVSA or other truth-telling device).” During the onsite review, investigation staff were interviewed and asked, “Would you, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth---telling device as a condition for proceeding with an investigation?” They confirmed that victims would never be required to submit to a polygraph. They indicated that credibility is determined by a number of things including known facts and the corroboration or disproving of a statement, a history of credibility, and demeanor or body language. The auditor reviewed 14 investigation files and found no indications of the requirement for polygraphs.

115.71 (f) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.8 (pg. 39) states, “Administrative investigations shall include: (a) An effort to determine whether staff actions or failures to act contributed to the abuse, and (b) Written reports shall include a description of the physical and testimonial evidence the reasoning behind credibility assessments, and investigative findings of facts.” During the onsite review investigators were asked, “Do you document administrative investigations in written reports?” The investigators confirmed that that all administrative reports are documented, and included interviews with victim, suspected abuser, witnesses, available evidence (including, logs, video), a general synopsis of the allegations, attachments of all signed interview statements. When asked about, “What efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse?” Investigators reported that, all evidence is reviewed and it falls under the totality of the investigation. If staff failures or inaction contributed to the abuse it is captured in the report. The presence of the noted evidence and statements were observed in the investigation reports reviewed by the auditor.

115.71 (g)/(h) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.11 (pg. 40) states, “The procedures for criminal investigations conducted by county LE shall be dictated by their policies. In practice, the county LE's procedures do require a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The county LE shall refer substantiated allegations of conduct based on their investigative process that appears to be criminal for prosecution. Section 41.2 (pp. 38-39) provides that, “The county LE agency for each island is delegated with conducting all criminal sex abuse and criminal sexual harassment investigations. The county LE agency is charged with the responsibility to make the required referrals for criminal prosecution, if warranted.” Criminal investigations are documented by the investigative agency, at Halawa Correctional Facility these investigations are completed by Honolulu Police Department.

115.71 (i) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.9 (pg. 40) states, “PSD shall retain all written reports referenced in paragraph (8b) of this section [written administrative investigation reports] for as long as the alleged abuser is incarcerated or employed by PSD, plus an additional five (5) years.” The agency reports that it maintains reports in accordance with policy.

115.71 (j) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.10 (pg. 40) states, “The departure of the alleged abuser or victim from the employment or custody of the facility or PSD shall not provide a basis for terminating an investigation. The investigator shall complete the investigation by formulating a conclusion that the allegation is substantiated, unsubstantiated, or unfounded.” During interviews with investigative staff, they confirmed that regardless of the departure of the alleged victim or abuse, that investigations would continue.

115.71 (l) Agency Policy ADM.08.08, Prison Rape Elimination Act section 41.13 (pg. 40) states, “When an external agency is charged with investigating an incident of sexual abuse, the facility shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the outside agency investigation.” During the onsite review, interviews with the warden, PREA coordinator and PREA compliance officer, all confirmed that the facility cooperates with external investigators. It was noted that progress of the investigation was coordinated with agency investigations. During the interviews with agency investigators it was confirmed that the staff cooperates with the external investigators and assist in coordinating efforts as a liaison for the facility and investigators.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.71

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Investigators

115.72 (a) Agency Policy ADM.08.08, Prison Rape Elimination Act section 42.1 (pg. 40) states, "PSD shall not impose an evidentiary standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." During interviews with investigative staff, the investigators understood the standard of evidence as a preponderance, the investigators were also able to explain preponderance as a standard of evidence.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional facility is in full compliance with all elements of standard 115.72

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Contractor Investigation File
2. Interviews:
 - a) Warden
 - b) Inmates who report abuse
 - c) Investigator/PREA compliance manager

115.73 (a) and (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 44.1 (pg. 41) states, "Upon completion of an investigation (administrative or criminal) into an offender's allegation that he/she suffered sexual abuse in a PSD facility, facility staff shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." The facility reports that during the preceding 12 months there were 12 administrative or criminal completed investigations into alleged inmate sexual abuse. The agency reports that in all 12 instances the alleged victim was notified of the findings of the investigation. (seven additional cases are pending) During an interview with the warden, he confirmed that notifications of the investigation outcome were provided to the alleged victim in each case.

Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 43.5 (pg. 41) states, "The facility or PSD shall document all notifications to offenders described under this section on the PRA Mandated Reporting Form (PSD 8317)." The agency documents the findings and delivery of the findings. The information is given to the alleged victim by the PREA compliance manager, the form provides a block for the alleged victim to sign that they were notified of the findings. The auditor reviewed samples of investigation findings evidencing this policy and practice.

115.73 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 44.1 (pg. 41) states, "If the facility or PSD did not conduct the investigation, the facility, or PSD shall request the relevant information from the external investigative agency in order to inform the offender of the results." The agency had no criminal cases within the past 12 months, however the agency reports that when an investigation is completed by an external agency the investigation outcome would be provided to the alleged victim.

115.73 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 43.3 (pp. 40-41) states "Following an offender's allegation that a staff member has committed sexual abuse against an offender, the facility or PSD shall subsequently inform the offender (unless PSD had determined that the allegation is unfounded) whenever: (a) The staff member is no longer posted within the offender's unit; (b) The staff member is no longer employed at the facility; (c) The facility or PSD learns that the staff member has been indicted on a charge relate to sexual abuse within the facility; or (d) The facility or PSD learns that the staff member has been convicted on a charge related to sexual abuse within the facility." The facility provides information form PSD 8317, which includes the relevant notices on staff posting, employment and the status of criminal charges or conviction.

115.73 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 43.4 (pg. 41) states "Following an offender's allegation that he/she has been sexually abused by another offender in a PSD facility, the facility or PSD shall subsequently inform the alleged victim whenever: (a) The facility or PSD learns that the alleged abuser has been indicted on a charge related to sexual abuse with the facility; or

(b) The facility or PSD learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.” The facility provides information form PSD 8317, which includes the relevant notices on indictment and convictions.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.73

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Investigation Files
2. Interviews:
 - a) Investigators

115.76 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 44.1 (pg. 41) states, "Staff are subject to disciplinary sanctions up to and including termination for PREA sexual abuse or sexual harassment policy violations." The policy provides the language from the PREA standard.

115.76 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 44.2 (pg. 41) states, "Termination shall be the presumptive disciplinary sanction for all staff, who, after an investigation and a pre-disciplinary due process hearing, have been found to have engaged in sexual abuse." The agency indicates that during the preceding 12 months there was one substantiated allegation of staff violating agency policy related to sexual abuse or sexual harassment, the agency reports that there was a second a substantiated allegation against a contractor. Services were terminated with the contractor, the staff member passed away prior to the completion of the investigation.

115.76 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 44.3 (pg. 41) states, "Disciplinary sanctions for violations of PSD policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's personnel and disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar employment histories." The facility reports that there were no incidents resulting in discipline short of termination.

115.76 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 44.4 (pg. 42) states, "All terminations for violations of PREA sexual abuse or sexual harassment policies, or resignations by staff, who would have been terminated, if not for their resignation, shall be reported to LE agencies, unless the activity was clearly not criminal." Section 44.5 continues, "PSD shall also report the incident to any relevant licensing body applicable to the staff member, such as but not limited to social work, educational, physician or nursing licensing bodies."

Interviews with investigative staff confirmed that investigations into sexual abuse allegations continue, even if the staff member resigns. The agency reports that two cases were reported to law enforcement and/or licensing bodies.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.76

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Contractor Investigation File

2. Interviews:

a) Warden

115.77 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 45.1 (pg. 42) states, "PSD requires that any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and shall be reported to county LE, unless the activity was clearly not criminal." Additionally section 45.2 of this policy provides that, "PSA shall also report the incident to any relevant licensing body applicable to the contractor or volunteer" The agency reported that during the preceding 12 months, there was one instance involving a contractor. The agency provided documentation of an investigation that resulted in termination of services and notification to the relevant licensing body.

115.77 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 45.3 (pg. 42) states, "PSD shall take appropriate remedial measures and consider whether to prohibit further contact with offenders in the case of other violations not covered by the paragraph (1) of this section, such as sexual harassment by a contractor or volunteer." During the interview with the warden, when asked, "In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does your facility take? Does the facility always prohibit further contact with inmates?" He confirmed that based on the outcome of the investigation, services would be terminated for contractors or volunteers.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.77

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Warden
 - b) Mental Health Staff
 - c) Disciplinary Hearings Officers

115.78 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 46.1 (pg. 42) states, "Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or sexual harassment." During the preceding 12 months the facility reports that there were no cases of inmate on inmate abuses resulting in disciplinary action.

115.78 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 46.2 (pg. 42) states, "Sanctions shall commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders." When asked, "Are the sanctions proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories?" The warden confirmed that sanctions were proportionate and consistent based on similar histories.

115.78 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 46.3 (pg. 42) states, "The disciplinary process shall consider whether an offender's mental disability or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. When asked if the process considered and inmate's mental illness or disabilities, both the warden and disciplinary hearings staff confirmed that it did. Agency policy ADM.08.08, "Prison Rape Elimination Act," section 46.1 (pg. 42) further provides that, "PSD medical and mental health staff shall provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse."

115.78 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 46.5 (pg. 42) states, "The medical, mental health, and facility staff shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming, privileges or other benefits. Mental health staff confirmed that substantiated cases of inmate-on-inmate sexual abuse were referred to them to meet with the abuser."

115.78 (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 46.6 (pp. 42-43) states "PSD shall discipline offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact. This type of incident shall result in a reassessment of the offender by utilizing the PREA Screening Tool (PSD 8314)."

115.78 (f) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 46.7 (pg. 43) states, "PSD shall not discipline an offender for reporting sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred. This is applicable, if an investigation does not establish evidence sufficient to substantiate the allegation."

115.78 (g) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 46.8 (pg. 43) states, "PSD prohibits all sexual activity or sexual contact between offenders and shall discipline offenders for such activity or contact. PSD shall not deem such activity to constitute sexual abuse, if it determines that the activity is consensual or not coerced."

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.78

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) PSD Screening documents
 - c) Inmate confinement record
2. Interviews:
 - a) PREA compliance manager
 - b) Medical/mental health staff
 - c) Inmates who disclosed prior victimization

115.81 (a)/(c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 47.1 (pg, 43) states Any offender who has disclosed a prior sexual victimization during an intake screening pursuant to §24.0 of this policy, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening." The PREA compliance manager conducts screenings at Halawa Correctional Facility. During the interview the PREA compliance manager was asked, "If a screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, do you offer a follow-up meeting with a medical and/or mental health practitioner?" The PCM confirmed notification to medical/or behavior health services, noting that appointments are made for them to be seen within the 14 day time frame, noting however that most are usually seen within the first week. Responses from inmates who disclosed prior victimization varied, most noting that they were offered services.

The facility reports that during the past 12 months 17 individuals reported victimization either in confinement or in the community, all were offered follow-up meetings.

A review of the PREA Screening Tool Instructions for the OffenderTrak Data system provides instructions for screeners when the offender should be referred to Mental Health staff including disclosures of prior sexual victimization.

115.81 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 47.2 (pg, 43) states, "Any offender who has disclosed any previous perpetration of sexual abuse during an intake screening pursuant to §24.0 of this policy shall be offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening. The facility reported that 11 individuals perpetrated sexual abuse in a prison setting and 162 individuals perpetrated sexual abuse in the community. The

facility notes that all were offered a follow-up meeting with medical or mental health. The PREA compliance officer confirmed the offer of these meetings during the onsite review and interviews.

115.81 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 47.3 (pg. 43) states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to formulate treatment plans and/or security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, State, or local law." As noted in §115.41 The agency PREA coordinator stated that access to the risk assessment requires a specific sign on access and is limited by her, however all staff would be able to see the PREA screening identifier, not the information used for scoring.

115.81 (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 47.4 (pg. 43) states, "Medical and mental health staff shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen (18). This provision is not applicable to non-medical or non-mental health staff." When asked, "Do you obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting?" Medical and Mental Health staff confirmed that they did obtain informed consent. During the interview process they also noted that they provide limitations of confidentiality at the initiation of services. HCF does not house youthful inmates.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.81

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Warden
 - b) Mental Health Staff
 - c) Disciplinary Hearings Officers

115.82 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 47.5 (pg. 43) states, "Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff according to their professional judgment." During interviews with medical and mental health staff, they were asked, "Do inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services?" The medical and mental health staff confirmed that victims are provided this access, and noted medical services would be provided immediately, or as soon as it was reported.

115.82 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 47.6 (pg. 43) states, "If qualified medical or mental health staff are not on duty at the time of the report of a recent sexual abuse, the security staff or first responder shall take preliminary steps to protect the victim as dictated by §32.0 and §35.0. Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 47.7 (pg. 43)

states, If qualified medical and mental health staff are not on duty at the time of the report of a recent sexual abuse, they shall be immediately notified either by telephone contact to the on call physician or when reporting for duty.” Halawa Correctional Facility maintains 24/7 medical staff. The PSD PREA checklist (form PSD 8313) indicates that notification to the Health Care Unit happens right away.

115.82 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 47.8 (pg. 44) states, “Offender victims of sexual abuse, while incarcerated shall be offered timely information about and provided timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with the professionally accepted community standards of care, where medically appropriate.” During the onsite review, both medical and mental health staff were interviewed, and indicated that inmates are provided timely access to sexually transmitted infections prophylaxis.

115.82 (d) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 47.9 (pg. 44) states, “Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” During the onsite review the facility staff reaffirmed that treatment is without cost to the victims.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.82

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Mental Health Staff
 - b) Medical Staff

115.83 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 48.1 (pg. 44) states, "PSD shall offer medical and mental health evaluations and, as appropriate, treatment to all offenders (including external referrals), who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the onsite review medical and behavioral health staff were interviewed as part of the process. The staff confirmed that victims of sexual abuse receive treatment and crisis intervention.

115.83 (b) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 48.1 (pg. 44) states, "The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health staff were interviewed during the onsite review and confirmed services would include treatment plans, and referrals for continued care if transitioning to the community.

115.83 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 48.1 (pg. 44) states, "PSD shall provide offender victims of sexual abuse with medical and mental health services consistent with the community standard level of care. During the onsite review interviews with medical staff and mental health staff confirmed that the level of care received by the population is consistent with the community level of care. During the onsite review medical staff and mental health staff were interviewed. During the interviews the staff confirmed the level of care is consistent with the community level of care.

115.83 (d) Provision (d) is not applicable, noting the Halawa Correctional Facility does not house female inmates. As an agency it does provide policy requirements for female facilities in agency policy ADM.08.08, "Prison Rape Elimination Act," section 48.1 (pg. 44) states, "Offender victims of sexually abusive vaginal penetration, while incarcerated shall be offered pregnancy tests."

115.83 (e) Provision (e) is not applicable, noting the Halawa Correctional Facility does not house female inmates. As an agency it does provide policy requirements for female facilities in agency policy ADM.08.08, "Prison Rape Elimination Act," section 48.1 (pg. 44) states, "If pregnancy results from the sexual abuse while incarcerated, offender victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

115.83 (f) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 48.1 (pg. 44) states, "Offender victims of sexual abuse, while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate." During interviews medical staff confirmed that inmates will be provided testing and treatment.

115.83 (g) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 48.1 (pg. 44) states, "Treatment services shall be provided to the offender victim without financial cost and regardless of

whether the offender victim names the abuser or cooperates with any investigation arising out of the incident.”

115.83 (h) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 48.1 (pg. 44) states, “Mental health staff shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment, when deemed appropriate.” Behavior health staff confirmed that an evaluation is completed within 60 days.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.83

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
2. Interviews:
 - a) Warden
 - b) Incident Review Team

115.86 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 49.1 (pg. 45) states, "The Warden in conjunction with the Facility PREA Compliance Manager shall schedule a Sexual Abuse Incident Review (SAR) at the conclusion of every sexual abuse investigation that renders a finding that the allegation was substantiated or unsubstantiated, unless the allegation has been determined to be unfounded."

The facility reported that excluding unfounded incidents there had been four criminal and / or administrative investigations completed at the facility and four incident reviews following within 30 days of the completion of the investigation. The facility provided samples of these reviews. The auditor

reviewed the documents noting compliance with time frames, staffing and with completing reviews for unsubstantiated complaints.

115.86 (b) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 49.2 (pg. 45) states, “SAR shall ordinarily occur within thirty (30) days of the when the Warden has been informed of the conclusion of the investigation and its findings, excluding allegations determined to be unfounded.” Sample documentation reviewed by the auditor indicated that the reviews were completed within 30 days of the completion of the investigation.

115.86 (c) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 49.3 (pg. 45) states, “SAR Team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health staff. One individual should be identified as the Recorder or Reporting Staff Member.” Documentation review minutes indicate the team includes upper level management including the warden, chief of Security, the PREA compliance manager (also investigator), and medical administrator. During the interview process, the warden confirmed the staffing for the incident review team comprised the necessary personnel.

115.86 (d) Agency Policy ADM.08.08, “Prison Rape Elimination Act,” section 49.4 (pg. 45) states, “The SAR Team shall document the following information on the Sexual Abuse Incident Review Report form (PSD 8319): (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) Consider whether the incident or allegation was motivated by race/ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (c) Examine the area in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (d) Assess the adequacy of staffing levels in that area during different shifts; (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.”

Section 49.5 further requires that, “The Recorder or Reporting Team Member shall prepare a report by utilizing the Sexual Abuse Incident Review Report (PSD 8319) to document the SAR Team’s findings, including, but not limited to a determination made pursuant to paragraphs (4a-4e) of this section, and any recommendation for improvement.”

Interviews with the incident review team confirmed the considerations for items 1-6 of this provision took place during the review as well as a tour of the area if necessary. The PREA compliance manager was interviewed as part of this process and noted the requirement to complete incident reviews for both substantiated and unsubstantiated cases of sexual abuse, this was supported by completion of reviews for both types of findings. The warden also confirmed participating in the review as part of the process.

115.86 (e) Agency Policy ADM.08.08, Prison Rape Elimination Act (09/22/2017) section 49.0.6 (pg. 45) states, “The SAR Team’s report shall be forwarded to the Warden to review and complete the Warden’s Response Section. The Warden shall make a decision as to whether the recommendations of the SAR Team will be implemented or document the reasons for not implementing the recommendations of the SAR Team.” As part of the interview process the warden indicated that the facility implements the recommendations or documents the reasons for not doing so.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Agency Website
2. Interviews:
 - a) PREA coordinator

115.87 (a)/(c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 50.1 requires that, "The Department PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control by utilizing a standardized format based on PREA definitions." The auditor noted the applicable definitions in section 5.0 mirror the definitions found in PREA standards 115.5 and 115.6. Section 50.2 provides the addition requirement that, "The standardized format includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice." In response on the PAQ the agency reports that it collects data accordingly and the standardized instrument includes the data necessary to answer all questions.

115.87 (b) The agency reports that it aggregates the incident based data annually as required by the standard and Agency Policy ADM.08.08, "Prison Rape Elimination Act," sections 50.3 which states, "The Department PREA Coordinator shall aggregate the incident based sexual abuse data at least annually" The agency asserts that this is done at least annually.

115.87 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 50.5 (pg. 46) requires that, "The Department PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and SAR's [sexual assault review]."

115.87 (e) Agency Policy ADM.08.08, "Prison Rape Elimination Act," sections section 50.5 (pg. 46) requires, "At least once a year, the Mainland Branch Unit shall report to the Department PREA Coordinator for all incident-based and aggregated data from any private facility with whom it contracts for the confinement of PSD offenders." Incident data from the CoreCivic at the Saguaro Correctional Center, a facility in Arizona privately contracted with to house offenders, is included in the annual PREA reports posted to the agency's website.

<http://dps.hawaii.gov/policies-and-procedures/pp-prea/>

115.87 (f) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 50.6 (pg. 46) requires that, "PSD shall provide all such data from the previous calendar year to the Department of Justice's Survey

of Sexual Violence, no later than June 30th of each year.” The agency indicates that it provide the required data.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.87

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Agency Website
2. Interviews:
 - a) Agency PREA coordinator
 - b) Agency Director

115.88 (a) Agency Policy ADM.08.08, "Prison Rape Elimination Act," sections 51.1 and 51.2 (pg. 46) states, "The Department PREA Coordinator shall review data collected and aggregated pursuant to §50.0 of this policy in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) Identifying problem areas; and (2) Taking corrective actions on an ongoing basis. The Department PREA Coordinator shall prepare an annual report of PSD's findings and any corrective actions for each facility, as well as the agency as a whole and as dictated by HRS §353-C." The agency PREA coordinator confirmed that the agency collected this data and noted that it available to the public on it's website. During the interview process the facility PREA compliance manager confirmed he provides any information requested, however the PREA Coordinator has access through the database. The agency director confirmed that data is gathered and used to improve prevention through the identification of problem areas. The agency website is provided at: <http://dps.hawaii.gov/policies-and-procedures/pp-prea/>

115.88 (b) The auditor reviewed the reports for years 2011-2013 (combined report) through 2017; each report provided a comparison of data from previous years. The 2017 report provides comparison data for years: 2016 and 2017; breaking down the number substantiated, unsubstantiated and unfounded sexual abuse allegations as an agency and by individual facility. The reports also provided a synopsis of the substantiated cases. The auditor noted that the reports provide the information in easy to read graphs as well as the raw numbers.

115.88 (c) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 51.2 (pg. 47) states, "This report shall be approved by the Director and be made readily available to the public through the PSD's departmental website." During the interview with the director, he confirmed that he approves these reports.

115.88 (d) Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 51.3 (pg. 47) indicates that, "PSD may redact specific material when publication would present a clear and specific threat to the safety and security of a facility. A notation should be made to indicate the nature of the material

redacted.” The auditor noted in the review of the 2017 report that the agency had redacted all personally identifiable information from the annual report.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy ADM.08.08, "Prison Rape Elimination Act" (eff. 09/22/2017)
 - b) Agency Website
2. Interviews:
 - a) Agency PREA coordinator
 - b) Agency Director

115.89 (a): Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 52.0.1 (pg. 47) states, "The Department PREA Coordinator shall ensure that the incident-based and aggregated data are securely retained." During the onsite phase of the audit, the agency PREA coordinator was interviewed, and asked, "How does the agency ensure that data collected pursuant to 115.87 are securely retained?" The agency PREA coordinator indicated that all PREA data is maintained on a database that is limited to those staff with a need-to-know. Access is approved only by the agency PREA coordinator or director.

115.89 (b): Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 52.2 (pg. 47) requires, "The Department PREA Coordinator shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through PSD's departmental website." The auditor reviewed the public website, noting the information is available for years 2011 through 2017 and includes access to individual audit summary reports for each facility between 2014-2019. The information is available to the public on the agency's website at:

<http://dps.hawaii.gov/policies-and-procedures/pp-prea/>

115.89 (c): Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 52.3 (pg. 47) requires, "The Department PREA Coordinator shall remove all personal identifier and comply with federal and state statutes, HRS §92(F), Uniform Information Practices Act, prior to publishing the data." During the interview with the agency PREA coordinator she noted that all personally identifying information is removed. The Auditor reviewed annual PREA reports posted to the agency's public website and confirmed that these reports contained no personal identifying information.

115.89 (d): Agency Policy ADM.08.08, "Prison Rape Elimination Act," section 52.4 (pg. 47) requires, "The Department PREA Coordinator shall maintain the sexual abuse data collected based on §50.0 for at least ten (10) years after the date of the initial collection, unless federal, state, or local laws require otherwise."

The Auditor was able to review Annual PREA Reports from 2011 through 2017; and facility specific reports as early as 2014 on the agency's public website at <http://dps.hawaii.gov/policies-and-procedures/pp-prea/>.

Based on the auditor's observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401 (a-b) The Auditor reviewed documentation regarding the facility and agency audit cycle, noting that Halawa Correctional Facility was completed in the first year of the agency audit cycle.

115.401 (h-i) The audit team was provided unrestricted access to the all areas of the facility including housing units, administration, and control rooms. Documentation for each standard, was provided by the facility and agency, the auditor was able to review additional documentation and request supplemental supporting documentation, the facility provided each document accordingly.

115.401 (m-n) The auditor and team were afforded opportunity to conduct private and confidential interviews with inmates. The auditor received documentation that the audit notices were posted prior to arrival and received one letter from inmate incarcerated at HCF, the letter was treated like legal mail and neither appeared to be opened or tampered with.

Based on the auditor’s observation, review of documentation, and interviews, the Halawa Correctional Facility is in full compliance with all elements of standard 115.401.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403 (f) PSD publishes all PREA Audit Reports to its public website, <http://dps.hawaii.gov/policies-and-procedures/pp-prea/>

Presently there are 21 Audit Reports including the report from the previous audit conducted at Halawa Correctional Facility dated 11/18/2016.

Based on the auditor's observation, review of documentation the Halawa Correctional Facility is in full compliance with all elements of standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Jason M Bennett

02/14/2020

Auditor Signature

Date

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

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